African American Health Initiative (AAHI)
San Bernardino County, California
Health Planning Project

Voices of the People:
An Afrocentric Plan for Better Health

Author

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December 2, 2004

THE CALIFORNIA ENDOWMENT

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This document was prepared for the African American Health Initiative (AAHI) Executive Committee and their governing board, the Inland Wellness Information Network (IWIN). The following individuals were members of the Strategic Plan Work Group responsible for writing this plan. Grateful appreciation is extended to the countless community volunteers who willingly and unselfishly gave their time and energy to collect, analyze, and interpret the data, and to write this plan. The contents of this document are the sole opinion of the community individuals who created it. This document does not necessarily reflect the opinion of the IWIN Board of Trustees, or its parent organization the San Bernardino County Medical Society (SBCMS).

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Disclaimer: Blacks and African Americans will be used interchangeable because people continue to refer to themselves in this manner

Executive Summary

Background

In March 2003, the California Endowment awarded a 2-year $268,602 grant (# 20012404) to the African American Health Initiative (AAHI) for the sole purpose of conducting a community-based African American Health Planning Project. The aim of the health planning project was to address health gaps (disparities) between Blacks/African Americans and other ethnic/racial groups in San Bernardino County for five major health conditions: heart disease, high blood pressure, HIV/AIDS, and breast and prostate cancers. To accomplish this goal, AAHI engaged a participatory planning process to identify concerns and issues of the Black community about the healthcare system in the County, and to assess service delivery issues around prevention programs, and treatment services.

The expected outcome of the planning process was to make recommendations to County healthcare providers culturally specific strategies for the prevention and treatment of heart disease, high blood pressure, HIV/AIDS, breast cancer and prostate cancer among the targeted population as perceived by the Black population. Please visit the AAHI World Wide Web site www.aahi.info or, www.inlandwellness.org for details of our health planning process. Formed in July 1999, the AAHI is a partnership and network of over 50 healthcare providers, individuals from various professions, community leaders, and the general population. Organizations and individuals interact with the Initiative on an-as-needed basis; therefore participation varies at any given point in time. All meetings are open to the public and individuals and organizations come to share information about activities within the Black community and seek collaboration on projects of interest.

Purpose of Project

The purpose of this health planning process was to identify, assess and make recommendations for implementation of culturally specific strategies for prevention and treatment of heart disease, high blood pressure, HIV/AIDS, breast and prostate cancers among the Black/African American population in San Bernardino County. In addition, recommendations will be made to enhance healthcare provider capacity, and coordination of service delivery. In order to obtain information on how to address the above issues, primary questions to be answered were:

1. What prevention programs and treatment services are currently provided to the Black population for heart disease, high blood pressure, HIV/AIDS, breast cancer and prostate cancer?

2. Where and how are prevention programs and treatment services provided?

3. Are prevention and treatment services appropriate for the Black/African American population?

4. What are the attitudes and perceptions of the Black community towards existing prevention and treatment efforts for the targeted health conditions; and community perceptions of health needs, healthcare service delivery and resources in San Bernardino County?

5. What psychographic (values) behaviors are demonstrated by the Black population?

Methods

To investigate the above questions a mixed-method health planning approach was implemented to collect both primary and secondary data. There were five methods of primary data collection among adult Black/African Americans: (1) key informant interviews from the general and low-income population, (2) focus group interviews from various socio-economic (SES) levels, (3) resident questionnaires from a representative sample of the population from different regions within the County, (4) a countywide target specific healthcare provider survey to inventory current available services, and (5) three public forums for collective input and comments on preliminary data results and a draft *Preliminary Report*. Secondary data collection included review of epidemiological, social, and economic data, in addition to a comprehensive literature review on the target population and the health conditions. The AAHI conducted a comprehensive literature review of best practices in 2002, which was updated for this project.

Results

Literature Review: Basically, several findings emerged: First, there is a scarcity of evidence-based research among Black Americans and the targeted health conditions. Secondly, there is an absence of standard criteria for identifying efficacious interventions that modify health status among African Americans. Lastly, consistent factors associated with positive health changes among African Americans are: the need to build community capacity and infrastructure for a trust relationship; allow community members to take an active role in planning, implementation, and evaluation of health related community-based activities; use of an ecological framework that attends to individual, interpersonal, community, organizational, and governmental factors; focused and tailored positive not "scary" interventions; incentives and a community advisor to facilitate and reinforce positive health choices.

Community Engagement: The community was defined as the entire San Bernardino County. Many Blacks as well as other ethnic/racial groups from all SES levels expressed excitement about the health planning project. General perceptions were: "I am grateful that you care enough to do something about the problems with the healthcare system. The Lord bless you." "No one has ever asked my opinion about what needs to be done." "I am very glad to participate." "This type of study is long over due." "Somebody needs to do something to make this health system better in San Bernardino County."

Over 500 individuals and organizations expressed interest and gave verbal commitment to working with the health planning process. One hundred and seventy-five participants organized the planning effort, worked on special committees, collected, analyzed data, and wrote reports, planned the public forums, and created the project tools and materials. These individuals were Blacks (95%), Whites (3%) and Latinos (2%). They represented various backgrounds such as education, community activist, business owners, government and non-government sector, public officials, health professionals, attorneys, retired individuals, volunteers, civic and social organizations, corrections and parole, substance abuse counselors, religious groups, and public health.

Key Informants: Forty-five (45) community leaders, health professionals, healthcare providers and residents were identified who could provide valuable insight and information about the Black population. These individuals lived in various parts of the County. Each person was interviewed to determine specific concerns of the Black population regarding prevention programs and treatment services provided for the targeted five health conditions, the community expectation of the health planning project, and to solicit their input into the health planning process. All of the key informants were identified by word-of-mouth.

Focus Groups: There were 8 to 10 individuals who volunteered to organize the focus group data collection. Group planning meetings were conducted in all regions of the county. A standardized focus group protocol and guide were developed. Twenty-one (21) community volunteers facilitated a total of eleven (11) focus group meetings. A total of 81 individuals participated in the focus groups. Focus group sessions were conducted with Blacks from different age, education, income, and health status backgrounds.

Interviews with Black Population: An Afrocentric self-administered, multi-item 23-page questionnaire was created by the community and administered face-to-face to 515 Black/African Americans from four regions within the County. A multi-faceted recruitment strategy was employed to obtain participants using GIS sampling techniques. Over sampling of the poor/near poor was conducting using random sampling methods.

Healthcare Provider Survey: The healthcare provider list included approximately 3000 potential organizations. Potential participants were physicians, community-based organizations (CBOs), faith-based organizations (FBOs), professional organizations, hospitals, HMOs, and independent providers. We used an electronic multi-item survey as our main mode of data collection with an alternate option for a hard copy face-to-face interview, or faxed copy for self administration. Returns were approximately 1%. A total of 25 providers submitted a survey; however, only 14 of the surveys contained complete information.

Public Forums: Public meetings were conducted in three major areas within the County to release our *Preliminary Report*, and solicit comments, recommendations and input. Participants were given the opportunity to share personal concerns, and were given a short questionnaire on personal behaviors. A total of 177 individuals attended all three forums, numerous public comments were shared, and 71 individuals completed a short questionnaire. Only 5 written comments were submitted on the *Preliminary Report*.

Discussions

This report is a reflection and documentation of "real world" issues facing Blacks of African descent in San Bernardino County as perceived by this population. We interviewed 712 Blacks, received comments from 177 attendees of the public forums and 175 individuals on the work groups, in addition to 14 responses from the healthcare provider survey. A total of 1,078 responses. This health planning process has indeed been a community participatory effort created by Black Americans, for Black African Americans, and it has been about Black Americans of African descent.

We have identified nine major recommendations that include individual, organizational, and health system changes. There are overarching countywide themes that underline all recommendations, namely: early intervention, personal accountability, a tiered regional prevention system, a public information campaign, an economics initiative, a community-based family centered approach, cultural competent health and healthcare provider training, a research evaluation agenda, a population-based consumer driven tracking system, and natural remedies.

Our recommendations have the potential to dramatically improve coordination of health services provided to Blacks and other disadvantaged, underserved populations not only in San Bernardino County but also in the Nation. We have created ***Voices of the People: An Afrocentric Plan for Better Health*** which includes strategies that will enhance organizational provider capacity to provide coordinated culturally appropriate, quality health services to people of African descent. We appeal to all involved in health and healthcare service provision to work together in order to reverse the devastating health statistics of Blacks in this County.

Section I: AAHI Health Planning Project Comprehensive Plan

I. Introduction

This comprehensive plan was created by Black residents (non-professionals and professionals) of San Bernardino County. It reflects their beliefs, thoughts and opinions regarding prevention programs and treatment services in this County for heart disease, high blood pressure, HIV/AIDS, and breast and prostate cancers. We asked the adult Black population to discuss their issues and concerns about this topic, and this document contains their perceptions of the situation.

Data was collected first hand from Black residents who live in all regions of the County: the High Desert, West End, the Valley and cities in the East. This document is the sum of Blacks perceptions of the healthcare delivery system, and recommendations to improve their health status. Based on the findings of this study the perception of the Black community is that their health condition is in a crisis state. Because of this critical state and the complexity of the problems, this document contains a call to action to mobilize the Black community around health issues. It is also a call to create a strong political advocacy to bring about needed changes. Suggestions are made to engage healthcare providers in information sharing about services rendered and the need to enter into open dialogue with Blacks about solutions to improve their health outcomes.

Blacks in San Bernardino County hope that this document will provide a blue print to build a more effective countywide primary prevention health system. Outcomes are expected to reverse the poor health status among Blacks. The plan is not a "quick fix." Implementation requires careful thought, dedicated staff and infrastructure, commitment from the Black population and all healthcare providers who offer prevention programs and treatment services for the targeted health conditions, and significant funds to do the right thing.

This document represents community involvement and input from the beginning of the health planning process to the culmination of this plan. The ***Afrocentric Plan for Better Health*** was written by a community-based work group. The opinions of this group are to present the "facts" as collected, analyzed, and interpreted in the health planning process. This document includes an ***Executive Summary*** and four sections. **Section I** contains the introduction, background, process methodology and the underlying reasons for the health planning process. **Section II** presents a summary of all five data sets. **Section III** provides a summary of the findings and recommendations for action. **Section IV** is a call to action and future plans.

A. Summary of the Health Planning Process

We utilized strategic planning methods with a bottom-up community-based participatory approach. Strategic planning is commonly defined as a disciplined effort to produce fundamental decisions and actions that shape and guide what organizations and communities will do, and why. This process requires the use of the best available information to make decisions now while considering future impact. Strategic planning requires broad scale information gathering, identification and exploration of alternatives, and an emphasis on future implications of present decisions. Strategic planning emphasizes assessment of the environment outside and inside the organization or community. This assessment includes **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats **(SWOT)** of both the organization and the community of impact.

Our strategic health planning approach included:

- Interviews with 712 Black adults throughout the County
- Engaging the Black population into health assessment, planning, implementation, and evaluation
- A demographic analysis of countywide health services by surveying 1200 service providers
- A determination of regional-community health needs by conducting three public forums
- Production of a range of possible futures
- Production of decisions regarding healthcare issues and concerns
- Focus on the implications of decisions and actions related to the possible futures
- A guide to the direction for providing appropriate healthcare for Blacks and the underserved populations in San Bernardino County
- Development of a comprehensive ***Afrocentric Plan for Better Health***

SWOT was identified for each health condition (heart disease, high blood pressure, HIV/AIDS, breast cancer and prostate cancer) at both the community level and within the Inland Wellness Information Network (IWIN) organization. The *Preliminary Report* details our SWOT analysis. Data gathered from Black residents provided insight into the "real" world experiences of prevention programs and treatment services offered to this population within San Bernardino County. This information facilitated priority setting and determination of what is culturally appropriate health and healthcare for Blacks in this County.

To accomplish the grant goals and expected outcomes, the project was divided into five (5) phases with some overlap. Detailed explanation of each phase appears in our *Preliminary Report*. An Evaluation Team was contracted to provide formative input in each stage of project development. Participation from the Black community was included from the beginning of the project design stage until the final stage of dissemination. Health planning phases included:

Phase I: Community Meetings/Project Start-up

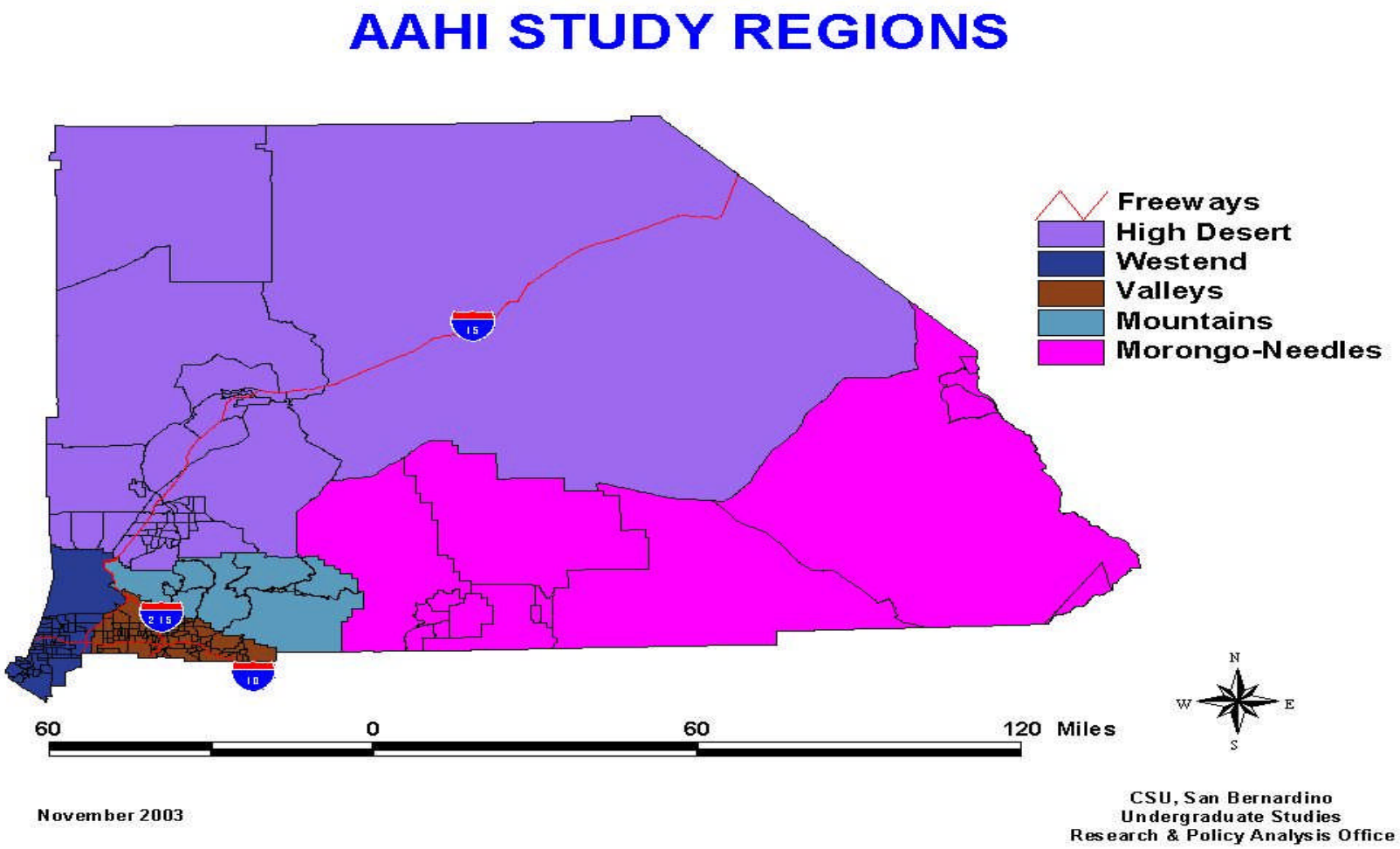
Phase II: Work Groups and Instrument Development

Phase III: Qualitative and Quantitative Data Collection

Phase IV: Data Analysis and Preliminary Report

Phase V: Final Report and Dissemination of Findings

Figure 1. **Project study area**



B. GIS Sampling Methods

Epidemiological data along with spatial mapping identified major areas within the County where concentrations of the Black population lived. Figure 1, AAHI Study Regions prepared by Walter Hawkins, Director of the Policy Analysis and Research Department, California State University at San Bernardino is a mapping of the study area. For this project, we divided the County into four (4) regions by cities based on the concentration of Blacks/African Americans per city. According to the 2000 Census, 150,201 African Americans live in San Bernardino County.

Non-Hispanic African American population in San Bernardino County by percentage per study region are as follows:

- **Region 1:** The Valley, 86,218 Blacks, (57.40% of the Black population) - City of San Bernardino, Rialto, Colton, Fontana, Highland, Redlands, Grand Terrace, Yucaipa, Loma Linda
- **Region 2:** West End, 37,687 Blacks, (25.09% of the Black population) - Ontario, Rancho Cucamonga, Alta Loma, Upland, Chino, Montclair, Chino Hills
- **Region 3:** The High Desert, 22,350 Blacks, (14.88% of the Black population) - Victorville, Apple Valley, Barstow, Hesperia, Adelanto, and areas North
- **Region 4:** East County, 3,946 Blacks, (2.38% of the Black population) - includes 29-Palms and other areas in the East (Mountains and Morongo-Needles region)

C. Sampling Distribution

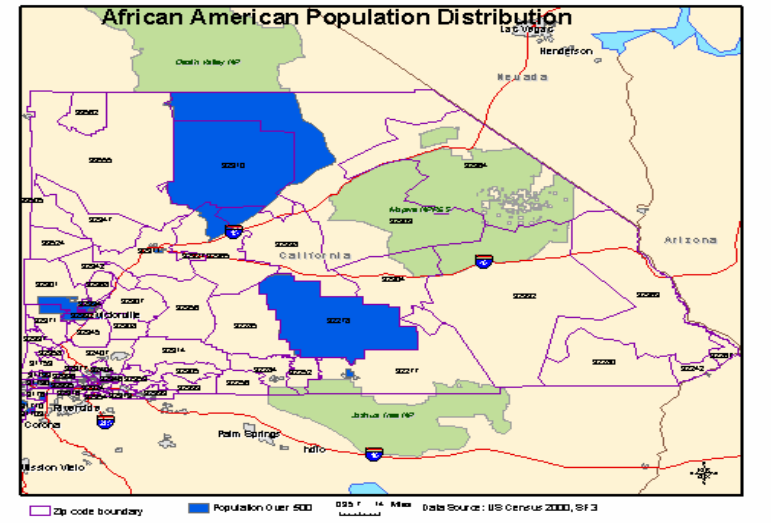
The grant required 300 Black residents (only 0.19% of the total Black population) to be interviewed. This is a low sample size based on the total Black population of 150,201. Additionally, 300 interviews do not represent one percent of the total adult Black population of 95,401.

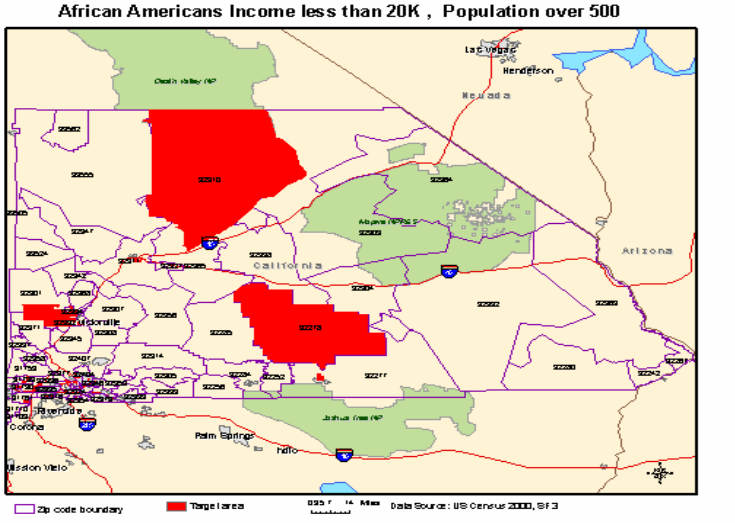
To increase the sample size, and to ensure a more adequate representation of the population, we projected an over sample of 500 participants (0.52% of the adult Black population). This sample size increased the participation to at least one half of one percent of the adult Black population. This size would at least allow for more of the underserved to be included in the data set. Our recruitment plan included 345 participants from the general Black population, and 155 participants from the poor/near poor population. This sample size could also possibly allow for measurement of regional differences. Estimated sampling distribution by regions included:

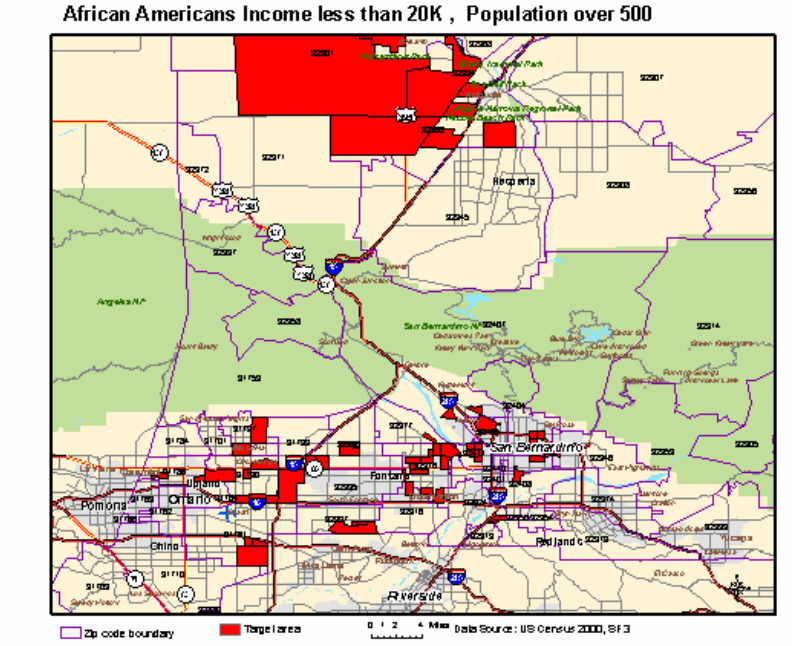
- **Region 1** – The Valley = 250 participants
- **Region 2** – West End = 100 participants
- **Region 3** – The High Desert = 110 participants
- **Region 4** – 29 Palms/East County = 40 participants

Ideally, we preferred a larger sample because San Bernardino County is the largest geographical County in the Nation. However, we were limited by inadequate funds, volunteer staff, in addition to a restricted timeframe to accomplish this countywide planning project.

Figure 2. **GIS sampling distribution of Black/African American population by zip codes**







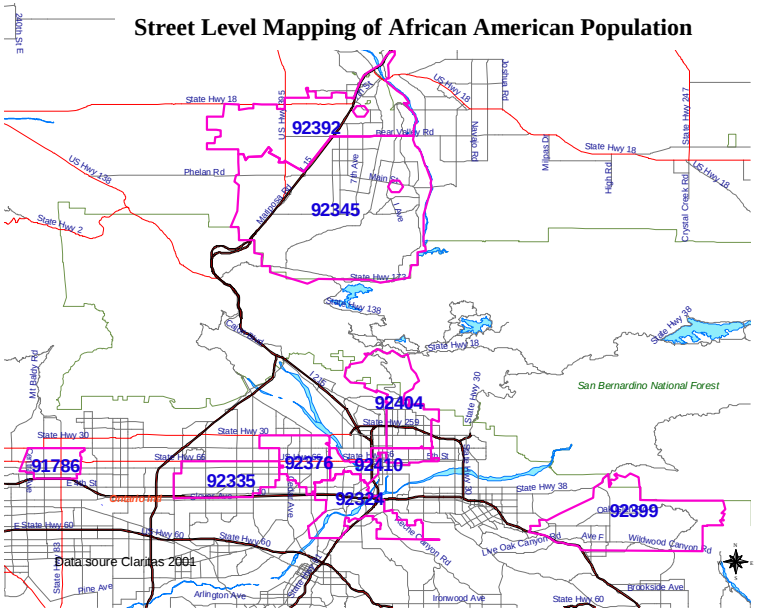


Table 1. **San Bernardino County Black population sample by cities**

City	Total # Black Population per City	# of Survey Respondents per City	% of Black Population per City	% of Survey Respondents per City
Adelanto	2,377	18	.76%	3.5%
Apple Valley	4,277	17	.33%	3.3%
Barstow	2,450	15	.61%	2.9%
Chino	5,100	9	.18%	1.8%
Chino Hills	3,573	3	.03%	.6%
Colton	5,031	16	.30%	3.1%
Fontana	14,629	37	.22%	7.2%
Grand Terrace	529	1	.18%	.2%
Hesperia	2,522	13	.52%	2.5%
Highland	5,226	21	.38%	4.1%
Loma Linda	1,300	3	.23%	.6%
Montclair	1,986	15	.70%	2.9%
Ontario	11,317	22	.20%	4.3%
Ranch Cucamonga/Alta Loma	9,789	33	.32%	6.5%
Redlands	2,625	10	.69%	2.0%
Rialto	19,954	73	.35%	14.3%
San Bernardino	29,654	116	.40%	22.1%
29-Palms	2,143	32	1.58%	6.3%
Upland	4,990	18	.36%	3.5%
Victorville	7,630	36	.52%	7.0%
Yucaipa	353	1	.28%	.2%
Riverside (discarded)		**2**		**0.39%**
La Verne (discarded)		**1**		**0.19%**
TOTAL	**137,455**	**N=515**		

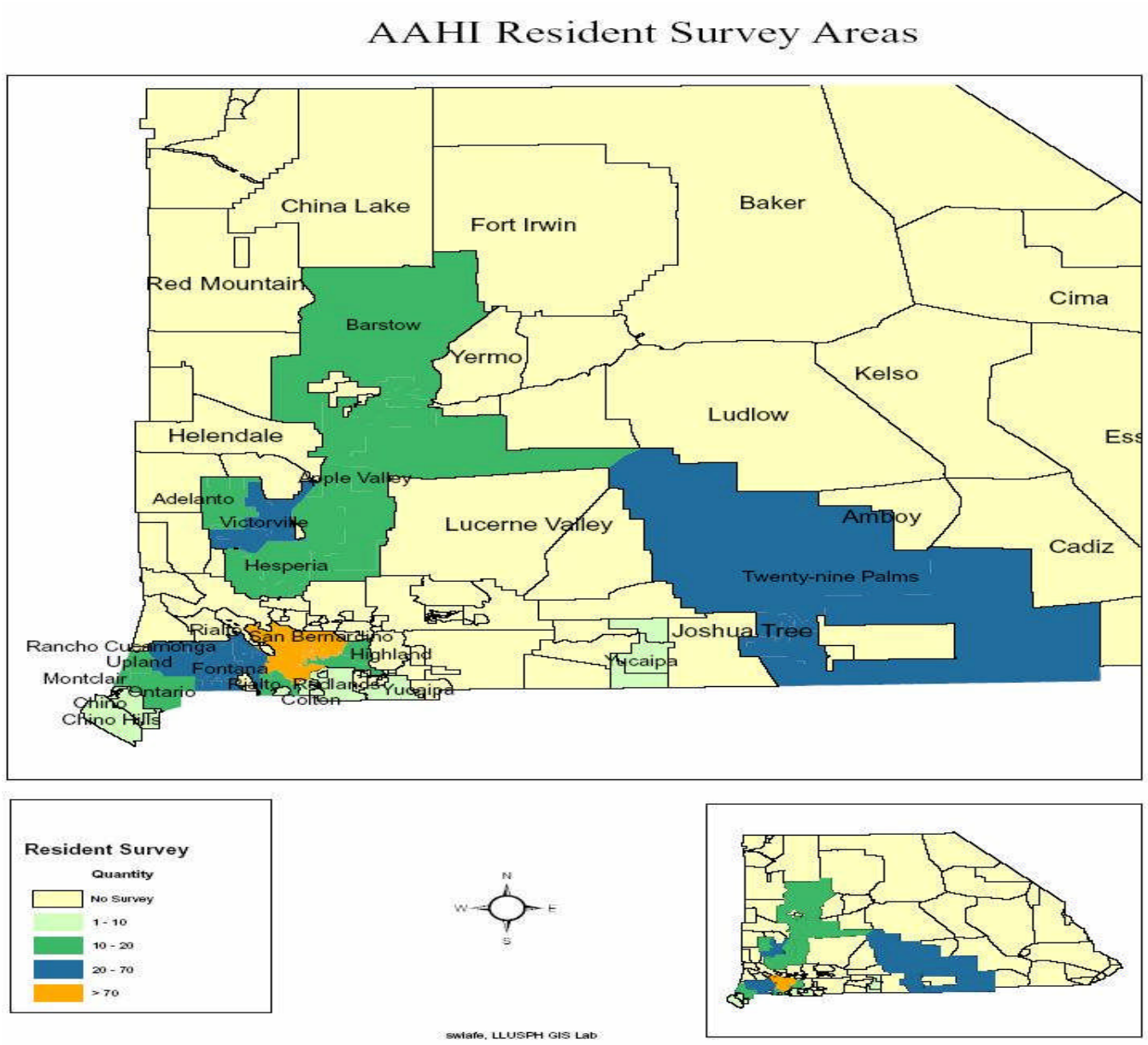
Data Source: 2000 Census Population and Housing Summary File 1

Total County Black Population: 150,201 (8.8% of total county population)

Total Adult Black population > 18 years old= 95,401 (63.5% of total Black population)

N = 515 is .54 % of the total adult Black population

Figure 3. **Mapping of Black/African American sample**



D. Statement of Problem

Epidemiological data on San Bernardino County indicate that Blacks die 13 years sooner than Whites. Currently, the average age of death for a Black male in San Bernardino County is 56 years; for a Black female is 62 years (San Bernardino County Department of Public Health Chronic Disease Report, 2002). The three leading causes of death for Blacks, not only in San Bernardino County but also in the Nation are heart disease, cancer and stroke. It is widely accepted that risk factors such as obesity, high dietary fat and salt intake, lack of exercise, tobacco use, and high uncontrollable stress levels are contributors to death for these health conditions. What is not clear is what major factors contributed to the high death rates among Black residents in this County for these conditions.

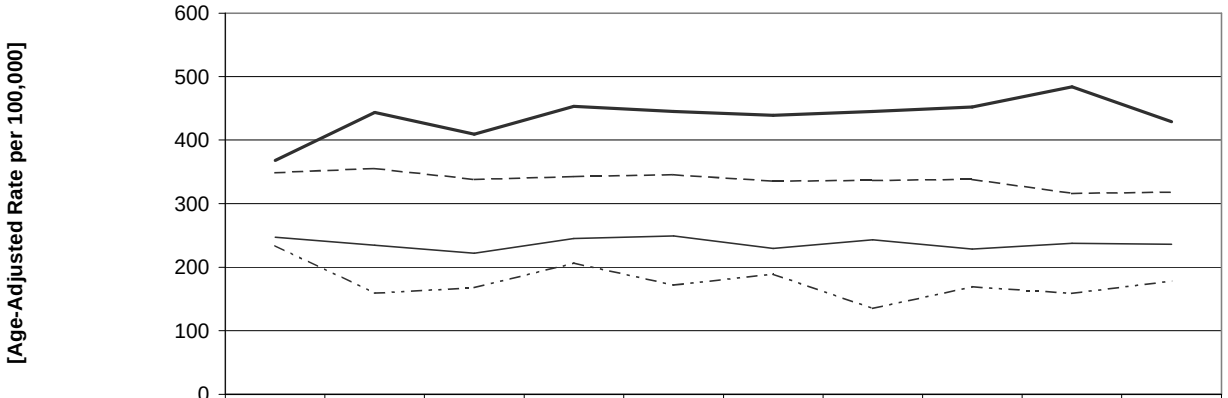
Table 2. Leading Causes of Death among African Americans*

Cause of Death	United States, 2001	California, 2002	San Bernardino County, 2002
Diseases of Heart	77,674	5,458	268
Cancers	62,170	4,015	202
Stroke	19,002	1,322	64

*Includes Hispanic origins
Source: California Department of Health Services, Death Files
Prepared by San Bernardino County Department of Public Health, 26OCT04

Figure 4. Heart Disease Deaths Among San Bernardino County Residents

Age-Adjusted Death Rates by Race/Ethnicity
Diseases of the Heart, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	348.9	355.3	338.2	342.8	345.7	335.3	336.3	338.2	316.1	318.2
Black	368.2	443.5	409.2	453.4	445.1	439.1	445.1	452.4	484.1	429.4
Hispanic	247.5	234.7	221.9	245.1	249.0	229.7	243.0	228.8	237.7	236.0
Asian/Pac Isl	233.7	159.1	167.5	206.7	171.7	189.0	135.0	169.1	158.8	178.1

Note: Number of deaths for American Indians was considered too small to calculate a reliable rate.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail*, January 1998.

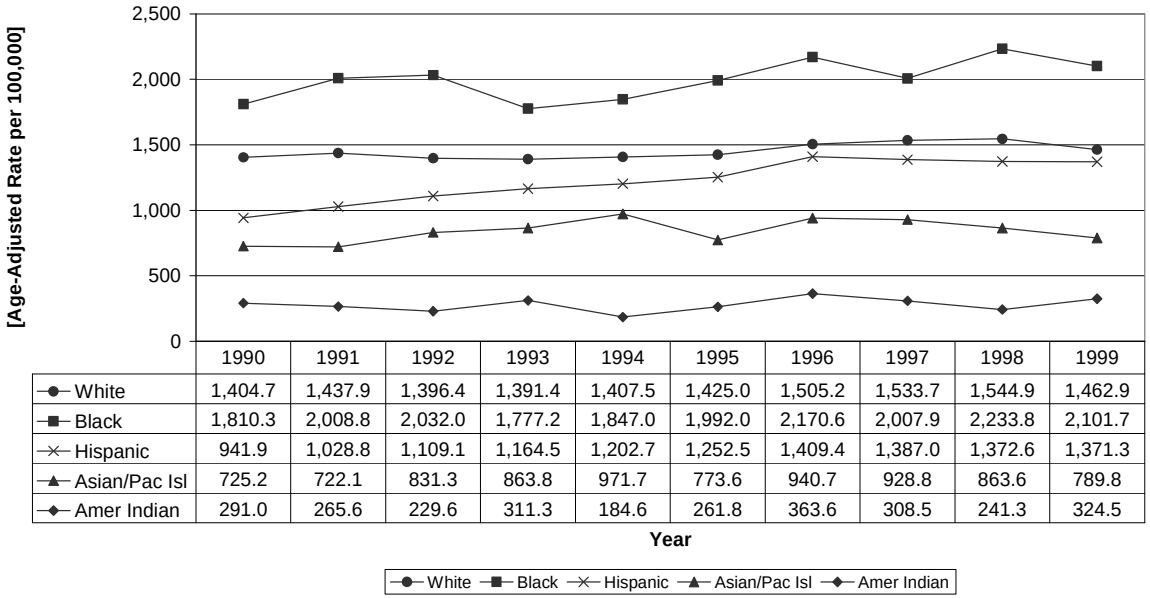
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, the death rate for heart disease among Blacks is approximately 1.3 times higher than Whites.

Figure 5. Hospitalizations from Diseases of the Heart Among San Bernardino County Residents

Age-Adjusted Hospitalization Rates by Race/Ethnicity
Diseases of the Heart, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	1,404.7	1,437.9	1,396.4	1,391.4	1,407.5	1,425.0	1,505.2	1,533.7	1,544.9	1,462.9
Black	1,810.3	2,008.8	2,032.0	1,777.2	1,847.0	1,992.0	2,170.6	2,007.9	2,233.8	2,101.7
Hispanic	941.9	1,028.8	1,109.1	1,164.5	1,202.7	1,252.5	1,409.4	1,387.0	1,372.6	1,371.3
Asian/Pac Isl	725.2	722.1	831.3	863.8	971.7	773.6	940.7	928.8	863.6	789.8
Amer Indian	291.0	265.6	229.6	311.3	184.6	261.8	363.6	308.5	241.3	324.5

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail*, January 1998.

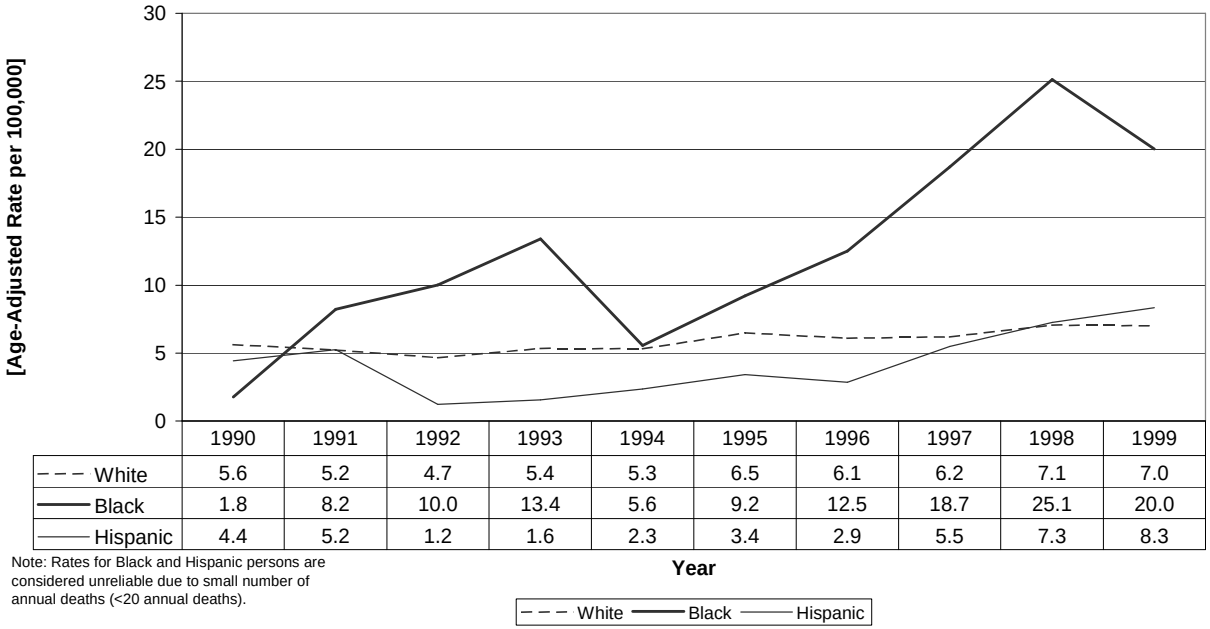
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, admissions into the hospital for heart disease is nearly 1 ½ times higher for Blacks than Whites.

Figure 6. High Blood Pressure Deaths Among San Bernardino County Residents

Age-Adjusted Death Rates by Race/Ethnicity
Hypertension With or Without Renal Disease, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	5.6	5.2	4.7	5.4	5.3	6.5	6.1	6.2	7.1	7.0
Black	1.8	8.2	10.0	13.4	5.6	9.2	12.5	18.7	25.1	20.0
Hispanic	4.4	5.2	1.2	1.6	2.3	3.4	2.9	5.5	7.3	8.3

Note: Rates for Black and Hispanic persons are considered unreliable due to small number of annual deaths (<20 annual deaths).

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail*, January 1998.

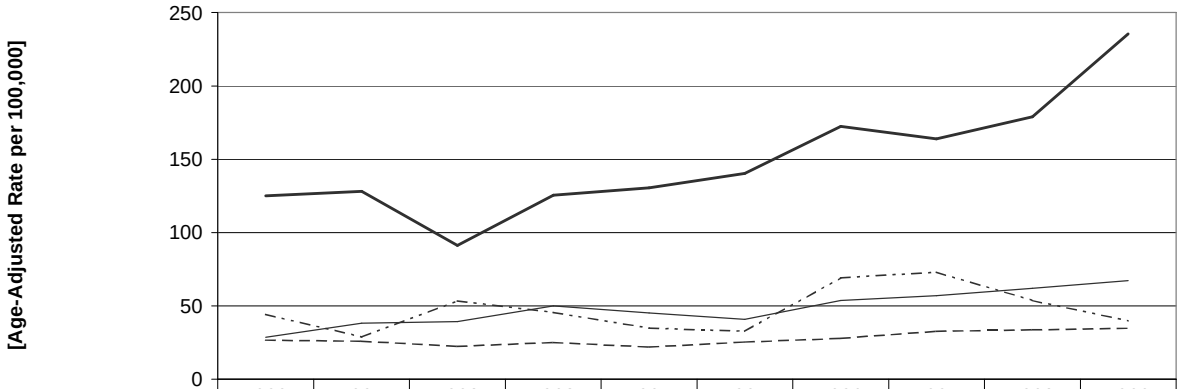
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, the death rate from high blood pressure among Blacks is approximately 3 times higher than Whites.

Figure 7. Hospitalizations from High Blood Pressure Among San Bernardino County Residents

Age-Adjusted Hospitalization Rates by Race/Ethnicity
Hypertension With or Without Renal Disease, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	26.6	25.8	22.4	25.1	21.9	25.4	27.8	32.7	33.6	34.8
Black	125.2	128.0	91.4	125.4	130.4	140.3	172.4	163.8	178.8	235.5
Hispanic	28.5	38.2	39.3	49.9	45.2	40.9	53.8	57.1	61.9	67.2
Asian/Pac Isl	44.2	28.8	53.4	45.6	34.8	32.7	69.2	73.0	53.7	39.7

Note: Number of Hospitalizations for American Indianswas considered too small to calculate a reliable rate.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail,* January 1998.

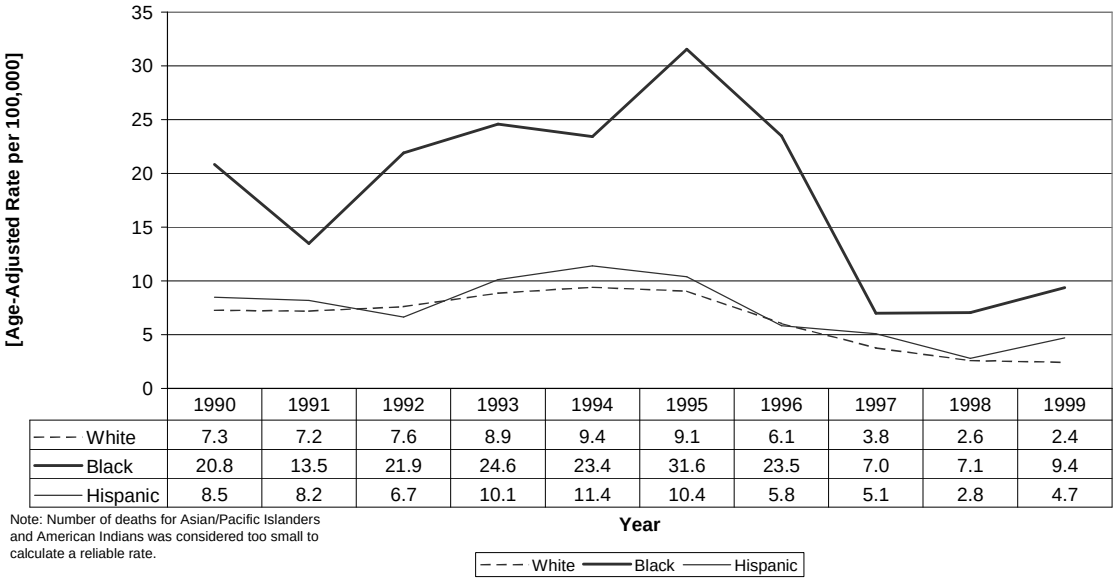
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, admissions into the hospital for high blood pressure is approximately 7 times higher for Blacks than Whites. High blood pressure is a risk factor for STROKE.

Figure 8. HIV Infection Deaths
Among San Bernardino County Residents

Age-Adjusted Death Rates by Race/Ethnicity
HIV Infection, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	7.3	7.2	7.6	8.9	9.4	9.1	6.1	3.8	2.6	2.4
Black	20.8	13.5	21.9	24.6	23.4	31.6	23.5	7.0	7.1	9.4
Hispanic	8.5	8.2	6.7	10.1	11.4	10.4	5.8	5.1	2.8	4.7

Note: Number of deaths for Asian/Pacific Islanders and American Indians was considered too small to calculate a reliable rate.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail*, January 1998.

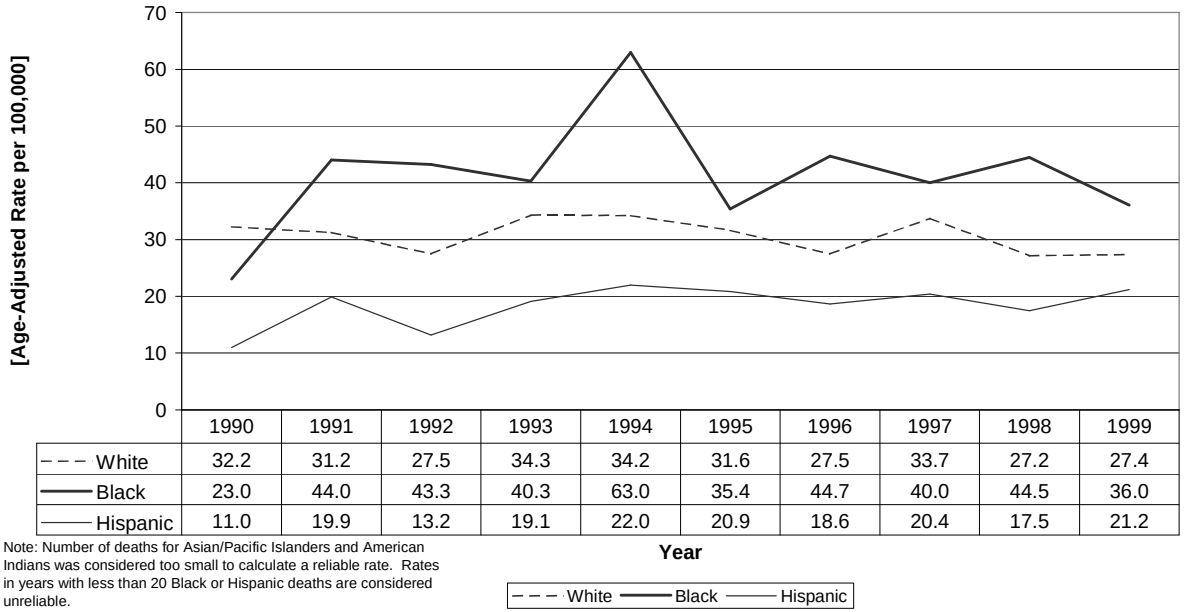
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, the death rate from HIV infection among Blacks is almost 4 times higher than Whites.

Figure 9. Breast Cancer Deaths
Among San Bernardino County Residents

Age-Adjusted Death Rates by Race/Ethnicity
Breast Cancer (Females Only), 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	32.2	31.2	27.5	34.3	34.2	31.6	27.5	33.7	27.2	27.4
Black	23.0	44.0	43.3	40.3	63.0	35.4	44.7	40.0	44.5	36.0
Hispanic	11.0	19.9	13.2	19.1	22.0	20.9	18.6	20.4	17.5	21.2

Note: Number of deaths for Asian/Pacific Islanders and American Indians was considered too small to calculate a reliable rate. Rates in years with less than 20 Black or Hispanic deaths are considered unreliable.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail,* January 1998.

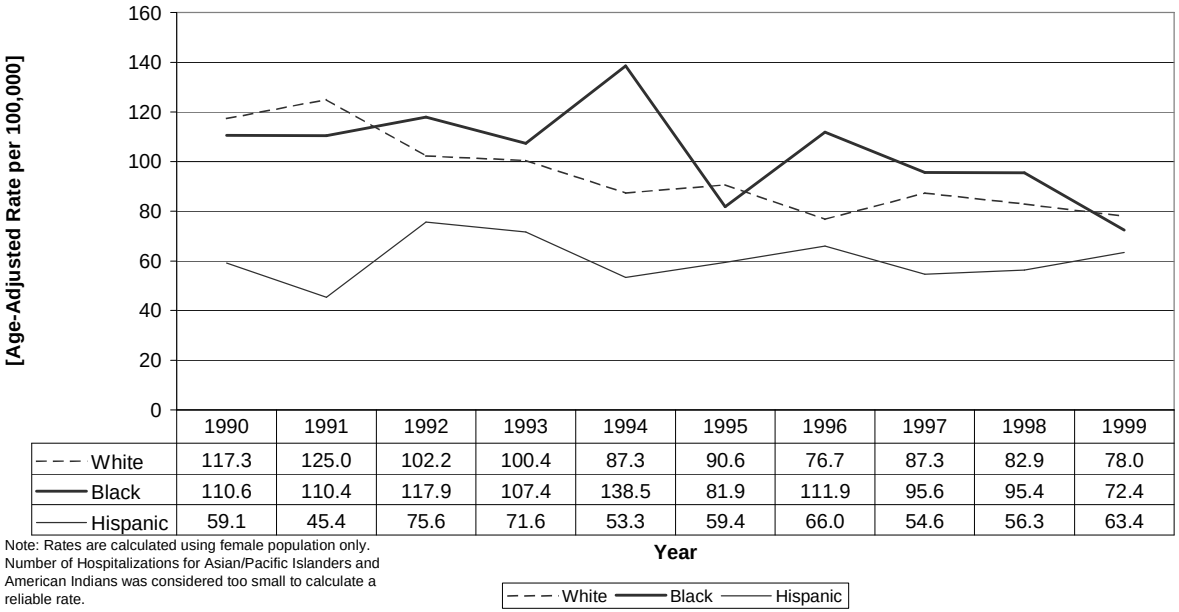
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, the death rate from breast cancer among Black women is almost 1.3 times higher than White women.

Figure 10. Breast Cancer Hospitalizations Among San Bernardino County Residents

Age-Adjusted Hospitalization Rates by Race/Ethnicity
Breast Cancer (Females Only), 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	117.3	125.0	102.2	100.4	87.3	90.6	76.7	87.3	82.9	78.0
Black	110.6	110.4	117.9	107.4	138.5	81.9	111.9	95.6	95.4	72.4
Hispanic	59.1	45.4	75.6	71.6	53.3	59.4	66.0	54.6	56.3	63.4

Note: Rates are calculated using female population only. Number of Hospitalizations for Asian/Pacific Islanders and American Indians was considered too small to calculate a reliable rate.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail,* January 1998.

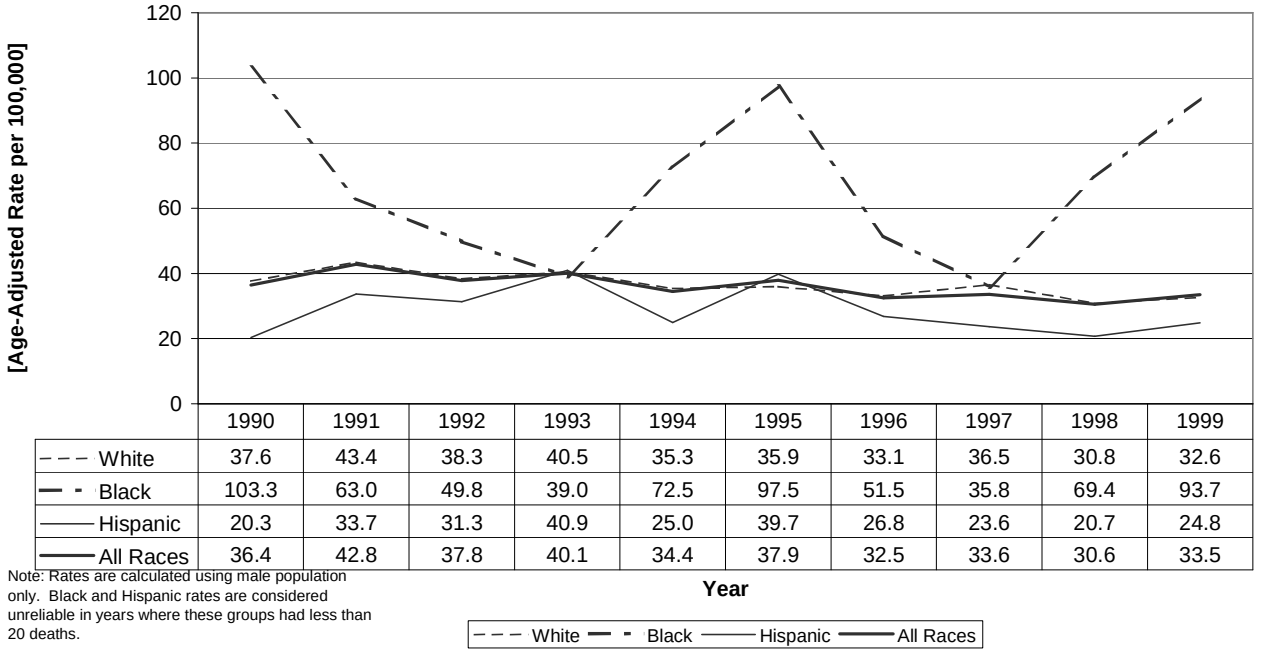
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, admissions into the hospital for breast cancer is higher for White females than Black females.

Figure 11. Prostate Cancer Deaths Among San Bernardino County Residents

Age-Adjusted Death Rates by Race/Ethnicity
Prostate Cancer, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	37.6	43.4	38.3	40.5	35.3	35.9	33.1	36.5	30.8	32.6
Black	103.3	63.0	49.8	39.0	72.5	97.5	51.5	35.8	69.4	93.7
Hispanic	20.3	33.7	31.3	40.9	25.0	39.7	26.8	23.6	20.7	24.8
All Races	36.4	42.8	37.8	40.1	34.4	37.9	32.5	33.6	30.6	33.5

Note: Rates are calculated using male population only. Black and Hispanic rates are considered unreliable in years where these groups had less than 20 deaths.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail*, January 1998.

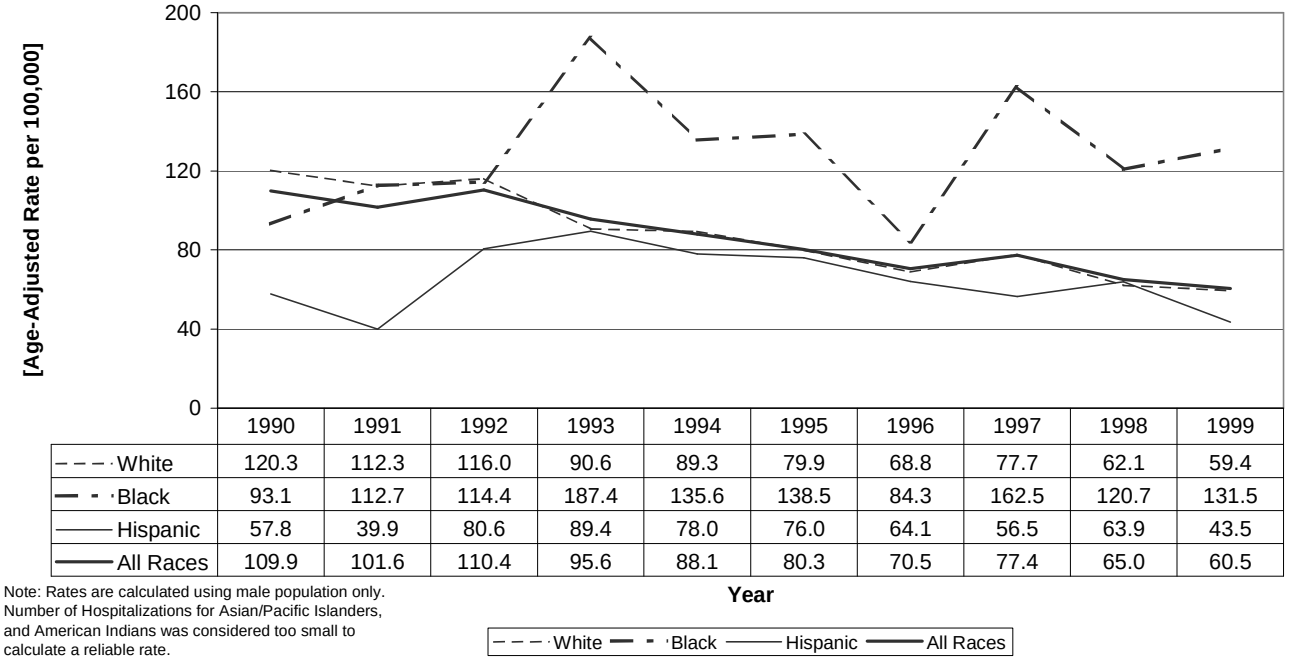
June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, the death rate from prostate cancer among Black men is almost 3 times higher than White men.

Figure 12. Prostate Cancer Hospitalizations Among San Bernardino County Residents

Age-Adjusted Hospitalization Rates by Race/Ethnicity
Prostate Cancer, 1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	120.3	112.3	116.0	90.6	89.3	79.9	68.8	77.7	62.1	59.4
Black	93.1	112.7	114.4	187.4	135.6	138.5	84.3	162.5	120.7	131.5
Hispanic	57.8	39.9	80.6	89.4	78.0	76.0	64.1	56.5	63.9	43.5
All Races	109.9	101.6	110.4	95.6	88.1	80.3	70.5	77.4	65.0	60.5

Note: Rates are calculated using male population only. Number of Hospitalizations for Asian/Pacific Islanders, and American Indians was considered too small to calculate a reliable rate.

Prepared by: Program Analysis and Statistics, County of San Bernardino Dept. of Public Health
Sources: (1) CA Dept. of Health Services, Death Files.
(2) CA Office of Statewide Health Planning and Development, Hospital Discharge Data.
(3) CA Dept. of Finance, *Population Estimates with Age and Sex Detail*, January 1998.

June 2004

What does this chart mean for the Black/African American population?

When comparing the 1999 data, admissions into the hospital for prostate cancer was almost 2 ½ times higher for Black men than White men.

II. Process Methodology

A. Data Collection

This health planning process was a study of the perceptions of the Black population towards health and healthcare services in San Bernardino County. The study required an assessment of prevention programs and treatment services offered to this population. To obtain the needed information, we used five methods of data collection: (1) key informant and (2) focus group interviews, (3) resident questionnaires, (4) a healthcare provider survey and (5) public forums.

A.1.Key Informants: Initially, 25 key informants were interviewed to determine the general Black community issues and concerns about the targeted health conditions, and the proposed planning project. An additional eight individuals were interviewed for input into the development of project marketing tools. Graduate students in the Qualitative Research at Loma Linda University School of Public Health used the AAHI health planning project to fulfill clinical requirements to conduct key informant interviews. Twelve individuals were interviewed by students. Participants provided informed consent prior to the interview, were audio taped and transcribed verbatim. Themes identified (available resources, health system distrust, lack of cultural focus, fear, lack of awareness, education) were used to develop the Focus Group Protocol. A total of 45 key informant interviews were conducted.

A.2.Focus Groups: A focus group is a select group of individuals that have something in common who come together to discuss particular issues and concerns. Qualifications to participate in our focus groups included: (1) a person of African descent, (2) a resident of San Bernardino County, and (3) an adult person over 18 years old. Eleven focus groups were conducted in eight weeks among seven sub-populations of Blacks, namely: poor/near poor, college students, seniors > 65 years old, middle income ($40,000 to $59,000), the underserved with targeted health condition, upper income (>$120,000), and the general population. The average attendance was 9 per session with a maximum limitation of 12 participants per session. Session times varied from 60 to 105 minutes. Twenty-one (21) community volunteers facilitated and co-facilitated each session. The health planning staff provided support for each session which included: observer, recorder, time keeper and note taker. All sessions were tape recorded, and transcribed verbatim by an independent provider not associated with the health planning process. A full focus group report is provided on-line at http://aahi.info/.

A.3.Afrocentric Resident Questionnaire: Numerous community group sessions were conducted among the Black residents to create a questionnaire that would address their issues and concerns. This self-administered, multi-item 23-page, Afrocentric questionnaire was developed on a style that was understandable to Blacks and administered face-to-face to the adult target population. Each participant who completed a questionnaire was offered $10.00 cash as a thank you gift. A total of 515 interviews were conducted over a 10 week period of time.

There were 11 zip codes identified by GIS spatial mapping where Black residents live. These areas became our targeted **recruitment sites**. Each outreach worker was given a predetermined percentage of the total population to recruit. A multifaceted recruitment approach was utilized to enroll potential participants. Participants were recruited from civic groups, low-income housing, door-to-door solicitation, the library, health fairs, job fairs, super markets, the mall, colleges/universities, businesses, community centers, social clubs, church groups, telephone call-ins, and by word-of-mouth. A series of formal trainings were developed and interviewers were trained in qualitative data collection methods. Interviews were administered according to an established protocol.

A total of 15 individuals including 11 community volunteers were trained as interviewers. Each volunteer received $10.00 per survey completed. All volunteers carried official identification from AAHI. To decrease barriers regarding suspicion of Blacks going door-to-door requesting participation in project data collection, the County Sheriff was given a briefing book with a request to send out an all points news bulletin announcing the countywide survey administration. An electronic copy of the questionnaire is provided online at http://aahi.info/

The information package for the resident questionnaire administration included a:

1. Thank you envelope for the cash incentive
2. Resident Questionnaire Interviewer's Check Sheet
3. Resident Questionnaire Interviewing Protocol
4. Resident Questionnaire Participant Informed Consent
5. Cash incentive record
6. List & mapping of San Bernardino County zip codes
7. Participant's Demographic Profile Sheet
8. Recruitment Flyer

A.4.Healthcare Provider Survey. The survey design was created to be user friendly. There were 5 to 6 questions in each section. An electronic survey was the main mode of administration. This survey was available on the AAHI project home page at www.aahi.info/providersurvey . This survey is still available online. Upon entering the page, respondents viewed a letter explaining the survey and detailing instructions for completion by appropriate staff. Answers were made by checking the appropriate response box.

The survey took approximately 25-30 minutes to complete. A hard copy was available upon request, which could be faxed, mailed, or delivered with personal assistance to help complete the survey. The original healthcare provider list included approximately 3000 potential organizations. To ensure an appropriate mailing list, a graduate research student was hired to make direct dial calls to potential healthcare providers. This telephone contact was to accomplish multiple purposes, (1) to verify contact names and addresses, (2) to determine if providers offered prevention or treatment services to the targeted population, and (3) to increase awareness of the planning project's survey data collection.

The final official provider mailing list included: 24 physicians in independent solo practice, 37 medical group practices, 84 physicians in specialty practice (e.g., cardiology, nephrology, general preventative/internal medicine, oncology, urology, and ob/gyn), and 682 physicians of the San Bernardino County Medical Society were sent a communication FAX. Total physician sample was 827; community-based organizations (CBOs) =21 [original list included 800 potential providers]; faith-based organizations (FBOs) =31 [original list included 1,500]; hospitals and health systems =26, and three professional organizations. Our master mailing list consisted of a total of 1,200 potential provider participants.

In addition, after the initial telephone calls to potential providers a personal letter of invitation to complete the survey was sent to all on the master mailing list. Additionally, to recruit physicians, the health planning project coordinator attended the San Bernardino County Medical Society (SBCMS) general meetings over an eight month timeframe to update the physicians regarding the survey, to invite input into the survey development and administration, and to encourage physicians to participate in the planning process. Further, to increase awareness of the survey a modified version of the electronic survey was published in the April 2004 issue of the *Journal of Southern California Physicians*.

Four weeks after survey launch a follow-up phone call was randomly made to ensure providers received the survey and to determine if assistance was needed to complete it; and again eight

weeks after the original letters were mailed. Appointments were offered to providers to assist them in completing the survey. Mr. James Wilson, an affiliate of MIT, created the electronic version of the survey, managed and stored the data.

A.5.Public Forums: A standard format was utilized to conduct three public meetings. Meetings were conducted in regional City Council Chambers (Victorville, Fontana, and City of San Bernardino). All forums were videoed and aired live on local TV (Channel 3). A court stenographer recorded each session. A short follow-up 6 question questionnaire on personal health behaviors was administered to attendees to clarify issues raised in the original resident questionnaire. Verbal agreement to complete the survey served as informed consent.

B. Data Analysis

B.1.Qualitative Data: Qualitative data analysis consists of a series of structured interviews, environmental observations, and placing all information into a contextual framework that would identify what is real for the population under study.

Analysis of qualitative data included:

1. Issues related to the delivery of prevention programs and treatment services offered for heart disease, high blood pressure, HIV/AIDS, prostate cancer and breast cancer

2. The meaning of prevention to Blacks/African Americans

3. Attitudes of Blacks/African Americans toward their local healthcare system

4. Specific treatment issues or concerns related to the health conditions

5. Suggested changes in the healthcare delivery system as perceived by Blacks

Focus group transcripts were coded, themed and context analyzed, utilizing line-by-line coding, based on Grounded Theory approach to qualitative analysis (Strauss & Corbin, 1998). The goal of this type of qualitative analysis is to identify significant relationships within the transcripts and to arrive at a number of systematic themes. The transcripts were read meticulously and notes were taken concerning issues raised within the transcripts. The purpose of this step was to become immersed in the transcript data and to gain a greater understanding of what the focus group participants were trying to express.

Participants' statements were coded and analyzed to accurately determine their meanings and to evaluate how these statements defined their experiences. Emergent themes were identified based on the reoccurrences of statements across each focus group. Ten themes were identified and are presented in the results section on page 32 of this report.

B.2.Quantitative Data: Quantitative data consist of information collected from a survey and then analyzed statistically. The original databases were created in MS Access 2003 as a dbf file. In order to perform statistical analyses, the file was imported into SPSS Version 12 software. Before the data was analyzed, it was cleaned in order to insure accuracy of the statistical results.

Afrocentric Resident Questionnaire Data Set: This questionnaire was intended for adults, age 18 years and older. The questionnaire contained six sections to measure (1) demographic information, (2) attitudes towards health and sickness, (3) perceptions

of prevention programs, (4) perceptions of treatment services, (5) perceptions of community resources, and (6) patient satisfaction. Our data set consist of 730 variables. Analyses were performed on all variables to include frequency tables and percent bar charts. This provided a descriptive profile of responses for each question asked on the questionnaire. In order to assess the attitudes and perceptions of Blacks towards health and the healthcare delivery system in San Bernardino County, crosstabulations analyses were performed between various variables of the survey. A total of 515 Blacks completed the survey. The **final data set included 511 respondents**. Three were discarded because they did not live in San Bernardino County. One was discarded; the participant only completed one page. All of the respondents answered nearly every question on the questionnaire.

Healthcare Provider Survey Data Set: This survey was administered to healthcare providers which included CBOs, FBOs, professional health organizations, HMOs, hospitals, physicians, and independent practices throughout San Bernardino County. The online questionnaire contained six sections: (1) organizational demographics, (2) prevention services, (3) marketing of services, (4) cultural diversity, (5) treatment services, and (6) community resources. The final data set contained 398 variables. Analyses were performed on selected variables to include frequency tables and percent bar charts. The descriptive analyses provided a profile of the types of prevention and treatment services, types of educational material, and communication avenues utilized by healthcare providers in reaching the Black/African American population in San Bernardino County. Findings were summarized for easy interpretation by community participants. A total of 25 providers submitted a survey. Responses were received from CBOs (9), physicians (4), hospitals (3), County Department of Public Health (2), HMOs (2), FBOs (2) and 3 were duplicated entries. The **final data set consist of 14 providers**. Three duplicates were eliminated. The other eight surveys were incomplete.

Public Forum Questionnaire Data Set: This questionnaire was administered to attendees of the three public forums conducted in the City Council Chambers of Victorville, Fontana, and San Bernardino. The questionnaire contained five questions and the data set consisted of 27 variables. Analyses were performed on all variables to include frequency tables and percent bar charts. The open-ended responses were grouped into categories and descriptive analysis performed. The descriptive generated a profile of personal health activity practices, use of community health resources, sources of motivation for health, and opinions of what changes should occur within the San Bernardino County health system. The **final data set included 71 respondents**.

C. Evaluation

An evaluation team consisting of three consultants who conducted formative and summative evaluations. A comprehensive evaluation of all components of the planning project was performed to ensure completeness, relevance and clarity. The team observed and assessed the effectiveness of various work groups, examined all data collection instruments, and reviewed the collected data. The team also assessed the final recommendations in relationship to relevant study findings. A separate evaluation report will be submitted on this project.

Section II: Presentation of Findings on all Five Data Sets

A. Qualitative Data Analysis

Table 1. Key Informant Interview Summary

By V. Diane Woods, Dr.P.H.(c), Ahlam Jadalla, Ph.D. Student, Iris Mamier, Ph.D. Student
Irene Oduor, M.P.H. Student, and Puneet Kakkar, M.D., M.P.H. Student
Loma Linda University School of Public Health

Demographic Characteristics	Themes	Frequency
Total Participants: 45	Lack of readily available resources	62
Gender:	Distrust of the healthcare system	47
Females 19	Lack of resources tailored to Black culture	33
Males 26	Fear of being stigmatized	26
Age Range: 26 – 65 years old	Notion of invincibility	18

Table 2. Focus Group Interview Summary

By RoWandalla Y. Dunbar, Dr.P.H. Candidate
Consultant

Demographic Characteristics	Themes
Total Participants: 81	Need for lifestyle modification
	Focus on prevention education
Gender:	Desire for regular screening for targeted health conditions tailored to Blacks
Females 54	Extremely long wait time for medical services
Males 27	Lack of access to health resources and affordable quality healthcare
	Medical providers insensitive, uncaring, unresponsive to needs of their patients
Mean Age: 48.9	Medical providers rush patients through medical treatment
Age Range: 18 – 88 years old	Inconvenient appointment scheduling
	Racial discrimination
Insurance Type:	Fear
HMO: 26 MediCal: 18 Private: 11	
Military: 5 Medicare: 4 None: 12 No response: 5	

Table 3. Examples of Themes from Qualitative Data – Key Informants

Theme	Quote
Lack of readily accessible resources in immediate community • Lack of community-based activities and facilities • Insufficient numbers of healthcare workers (doctors, nurses…etc.) • Lack of convenient transportation • Lack of adequate insurance coverage or underinsured	**Available Resources** ***I have clients that we give bus passes to and they have to go all the way in the other side of the town, four or five buses to get to this one place, two or three hours on the bus. But I would love to see more of these types of agencies that could give us service and education for the African American community right here in Del Rosa/Highland. It's not here, it's not here.*** 50 year old Black female Key Informant
Distrust in the healthcare system • Second class diagnostics & treatment • Threatening, racist, uncaring, "White man medicine" • Deeply-rooted distrust originating from bad personal experiences by others • Avoidance of entering existing health services until late stages	**Distrust** ***So there is a fear there. I know through our past with what they've done…the Tuskegee incidence; so there are certain things… I take it [medicine] for awhile then I wouldn't take it because I don't have much faith in our medical system. They're not doing enough tests on the African American population for me to trust if the medicine works.*** Black Male Key Informant, 42 year old, HIV+
Cultural Dissonance • Healthcare system lacks environments that appeal to the Black race (posters, brochures, staff) • It is reported that Blacks have higher health risk, but are not educated about what they need to do differently • There is a deficit in the number of Black healthcare professionals	**Disconnect** ***Well, there is a higher incidence in our population; I mean we are aware of that. I am aware of that but I haven't seen any prevention measures that target African Americans. They tell us that we are more likely to die from them but they don't tell us what we should be doing differently from any other groups. I've never seen that.*** 45 year old Black Female Key Informant

Table 4. Examples of Themes from Qualitative Data – Focus Groups

Theme	Quote
Lifestyle modification to prevent the onset of disease	***Protection yourself with…rubbers.*** 66 year old Black Female Focus Group Participant ***I think if we stop that eating pork, it would help. [Pork] raises our blood pressure up real high.*** 54 year old Black Male Focus Group Participant ***Well, my wife stopped cooking with salt and stuff like that… and we try to exercise more…*** 30 year old Black Male Focus Group Participant
Education regarding prevention practices is essential to maintenance of health	***I think also being aware of any illness that might run in your family so that you can, early in your life, start taking steps to prevent illness…*** 54 year old Black Female Focus Group Participant ***I lost an uncle to prostate cancer… We thought he was ill and then boom, he was gone…. We lost a great person because we were unaware.*** 46 year old Black Female Focus Group Participant ***I think the number one thing across the board is lack of education, knowing your body…. Once you gain more knowledge you can do the next best thing.*** 54 year old Black Female Focus Group Participant
Lack of access to health resources and affordable quality healthcare	***So on all aspects of service delivery the County hospital is substandard…. I think it is mainly because the service providers can get away with it.*** 41 year old Black Female Focus Group Participant ***I feel I have to be very, very aggressive when I go in to get the best treatment, because I feel that when I go in they are giving me five steps back in the treatment… it is not the most recent thing.*** 65 year old Black Female Focus Group Participant ***I have severe asthma and I take so much medication…. I couldn't get the medication I need because MediCal would not pay for it at all.*** 18 year old Black Male Focus Group Participant ***If you have MediCal they don't treat you as well. That's what I think.*** 35 year old Black Female Focus Group Participant

Table 4. Examples of Themes from Qualitative Data – Focus Groups, continued

Themes	Quotes
Medical providers are insensitive, uncaring, and unresponsive to the needs of their patients	***I would like for the County to put together a class for the doctors and the nurses to have Kindness 101, you know. Then you don't feel like you're being swept under or rushed through the system.*** 61 year old Female Focus Group Participant ***I don't like to go to the doctor. Basically, I don't feel like they are concerned about my health…. They give me medicine, but they don't really give me the feeling that they want to heal me.*** 55 year old Black Female Focus Group Participant ***…they forgot to remember the difference between help and taking over. You can't tell a person what doctor they can and cannot go to and expect them to have the healthcare that they need…*** 18 year old Black Female Focus Group Participant
Racial Discrimination	***…how many Black folks can go to the doctor and get diagnosed, you know, and the doctor tells them to not do this and not do that, very few Black people can get that care, you know.*** 57 year old Black Female Focus Group Participant ***A Black man comes in and they think, "well you know he just doesn't want to work." …they are gonna deal with certain people and that's what they call their moneymaker…*** Focus Group Participant, gender & age unknown ***You know, give everyone the same opportunity…not looking at me as a minority but looking at me as a patient and giving me the same opportunity so that we all have the same healthcare.*** 46 year old Black Female Focus Group Participant
Fear	***My problem is fear. Fear of the doctor. Going to the doctor for breast cancer there's fear…I'm worried about them saying, 'you got it.'*** Black Female Focus Group Participant, age unknown ***… [Prevention services] are available…we are afraid they are not offered to us because we are in the status we're in…*** 44 year old Black Female Focus Group Participant

B. Quantitative Data Analysis

By Disep Obuge, MPH, Statistician
San Bernardino County Department of Public Health

Study Question #1

What prevention programs and treatment services are currently provided to the Black population for heart disease, high blood pressure, HIV/AIDS, breast cancer, and prostate cancer?

An online questionnaire was administered to various healthcare providers throughout San Bernardino County. A total of 25 providers submitted a survey. Responses were received from CBOs (9), physicians (4), hospitals (3), County Department of Public Health (2), HMOs (2), FBOs (2) and 3 were duplicated entries. The final data set consist of 14 providers. The three duplicates were eliminated, and the other 8 surveys were incomplete. The final 14 providers reported the following about **prevention programs they offer** for the specified health conditions:

- **Heart Disease:** alcohol abuse, blood pressure check, cholesterol check, counseling, education, information, nutrition, physical activity, referrals, screening, street drug abuse, and tobacco use
- **High Blood Pressure:** alcohol abuse, blood pressure check, cholesterol check, counseling, education, information, nutrition, physical activity, prescription drug abuse, referrals, screening, street drug abuse, and tobacco use
- **HIV/AIDS:** alcohol abuse, blood pressure check, cholesterol check, counseling, education, information, nutrition, physical activity, prescription drug abuse, referrals, screening, street drug abuse, and tobacco use
- **Breast Cancer:** alcohol abuse, blood pressure check, cholesterol check, counseling, education, information, nutrition, physical activity, referrals, screening, street drug abuse, and tobacco use
- **Prostate Cancer:** alcohol abuse, blood pressure check, cholesterol check, counseling, education, information, nutrition, physical activity, prescription drug abuse, referrals, screening, street drug abuse, and tobacco use

In addition to prevention programs, providers reported that they provide the following treatment services for the specified health conditions:

- **Heart Disease:** chemotherapy, counseling, diagnosis, inpatient, medical treatment, nursing, outpatient, pharmacy, radiology, rehabilitation, surgery, therapeutic nutrition, and complimentary/alternative/holistic/natural remedies

- **High Blood Pressure:** chemotherapy, counseling, diagnosis, home health, inpatient, medical equipment, medical treatment, nursing, outpatient, pharmacy, radiology, rehabilitation, surgery, therapeutic nutrition, and complimentary/alternative/holistic/natural remedies

- **HIV/AIDS:** chemotherapy, counseling, diagnosis, home health, inpatient, medical treatment, nursing, pharmacy, radiology, rehabilitation, surgery, therapeutic nutrition, watchful waiting, and complimentary/alternative/holistic/natural remedies

- **Breast Cancer:** chemotherapy, counseling, diagnosis, inpatient, medical treatment, nursing, pharmacy, radiology, rehabilitation, surgery, therapeutic nutrition, and complimentary/alternative/holistic/natural remedies

- **Prostate Cancer:** chemotherapy, counseling, diagnosis, inpatient, medical treatment, nursing, outpatient, pharmacy, radiology, rehabilitation, surgery, therapeutic nutrition, watchful waiting, and complimentary/alternative/holistic/natural remedies

Study Question #2

Where and how are prevention programs and treatment services provided?

An online questionnaire was administered to various healthcare providers throughout San Bernardino County. A total of 25 providers submitted a survey. Responses were received from CBOs (9), physicians (4), hospitals (3), County Department of Public Health (2), HMOs (2), FBOs (2) and 3 were duplicated entries. The final data set consist of 14 providers. The three duplicates were eliminated, and the other 8 surveys were incomplete. The final 14 providers reported **where they offer prevention programs** for the specified health conditions:

- **Heart Disease:** County-wide, schools, doctors' offices, clinic facilities, community health centers, and public outreach

- **High Blood Pressure:** community health centers, doctors' offices, public outreach, health fairs, and clinic facilities

- **HIV/AIDS:** community health centers, public outreach, schools, churches, doctors' offices, clinic facilities, and health fairs

- **Breast Cancer:** mobile health units, doctors' offices, clinic facilities, Loveland Church Health Ministries, community health centers, hospitals, public health clinic, public outreach, schools, health fairs, and churches

- **Prostate Cancer:** community health centers, public outreach, health fairs, doctors' offices, clinic facilities, hospitals, churches, and schools.

In addition, providers reported **how they provide prevention programs** for the specified health conditions:

- **Heart Disease:** presentations, one-on-one counseling, ongoing classes, and seminar style
- **High Blood Pressure:** workshop style, one-on-one counseling, and presentations
- **HIV/AIDS:** one-on-one counseling, presentations, support groups, seminar style, and workshop style
- **Breast Cancer:** one-on-one counseling, seminar style, workshop style, and presentations
- **Prostate Cancer:** workshop style, one-on-one counseling, and support groups

Study Question #3

Are prevention and treatment services appropriate for the Black/African American population?

A questionnaire was administered to Black/African American residents of San Bernardino County. There were a total of 511 respondents in the final data set. When asked question # 47, "Are prevention programs for the stated health conditions culturally appropriate to African Americans/Blacks?" the following are the most frequent response

- **Heart Disease:** The most frequent response was "I do not know," 34.1% (174). When we add the responses for rarely (11.2%) and never (9.6%) to I do not know, that makes up 54.9% of the total responses. The perceptions then of most Blacks is that they do not know if preventions programs are culturally appropriate, or the ones they are acquainted with are not culturally appropriate. Please refer to Table 21 page 57 of this report.

A very similar response was observed for the other health conditions.

- **High Blood Pressure:** 164 (32.1%) said "I do not know." Please refer to Table 22 page 57 of this report.
- **HIV/AIDS:** 190 (37.2%) said "I do not know." Please refer to Table 23 page 57 of this report.
- **Breast Cancer:** 174 (34.1%) said "I do not know." Please refer to Table 24 page 57 of this report.
- **Prostate Cancer:** 187 (36.6%) said "I do not know." Please refer to Table 25 page 58 of this report.

The cultural appropriateness of treatment services was not collected in the resident questionnaire database. Therefore, no analyses were performed to answer this question. Treatment issues and concerns were discussed in the focus groups. The overall themes emerging from focus group discussions were the lack of conveniently located treatments near residence, and that treatment was not tailored to Black populations specific concerns. Two themes emerged regarding treatment issues: (1) lack of routine testing and screening of know risk factors among the Black population for the targeted health conditions, and (2) medical provider unresponsive or sensitive to expressed health concerns. Blacks in the focus groups expressed concerns about not receiving appropriate care based on history, culture, values or norms. Focus group discussion centered on the issue that providers do not ask questions about Black culture, preferences or values. Please see the complete focus group report regarding the discussions around these concerns. Additionally, Blacks in the work group suggested traits they felt represented Black American culture, see Table 5. Also, Table 5 contains some generally agreed upon cultural traits as identified by Dr. Eric Bailey (2002) of NIH.

Table 5. Traits of Black American Culture

AAHI Work Group	Generally Agreed Upon Cultural Traits
Heritage/Respect for elders	High value of family and individual moral "strength" as human quality
Religious people – Black church	Emphasis on family occasions and rituals
Music	Strong belief in spiritualism
Respect for ancestry	Respect toward elders
Independence	Reliance upon extended familial network for social, economic, and healthcare issues
Resistance (due to perpetual impact of racism)	Strong orientation toward religious beliefs, activities and organizations
Belief of cause of illness	Outwardly expressed emotions
People of movement and motion	Nurturing children, participating in many rites of passages
Sociable (validation from peers)	Preference for group activities as opposed to individual activities
Core set of accepted values/norms/beliefs/practice	Preference for oral communication and oral history to share news and information
Resilience/strong survival/determination	Admiration of art, dance, and music
Prefer choices/ability to choose	Preference for bilateral kinship system, trace descent equally through males & females
Mentoring (need for growth/achievement)	Preference for women and men sharing roles and responsibilities
Expect "proper" communication skills	
San Bernardino County African American Folklore (each community has different heritage)	**Source:** Bailey, Eric J. 2002. *Medical Anthropology and African American Health*. Bergin & Garvey: Westport, Connecticut, pp 47–60. Dr. Bailey is a medical anthropologist at the National Institutes of Health (NIH), Washington, D.C. Not an exhausted list.

Study Question #4

What are the attitudes of the Black community towards existing prevention and treatment efforts, and community perceptions of health needs, healthcare service delivery and resources in San Bernardino County?

This is the major question of our study. In summary, Black/African American residents feel that preventive care (67.2%), treatment services (69.5%), and community health resources (63.8%) are necessary. However, many residents did not know where, how frequently, when offered, or the type of prevention programs, treatments, and community resources were available. The most frequent response to the questions related to access to prevention programs was consistently "I do not know" (41.2%). The overall perception of the Black population in San Bernardino County is that there is disconnect between what service providers offer and the Black population's knowledge of the services. There is a perception among the Black population that prevention programs are provided "somewhere in this County." However, the perception is that the sources of these programs are not readily available to them and that prevention activities are not visible. Neither is there an aggressive outreach targeting heart disease, high blood pressure, HIV/AIDS, breast or prostate cancers among the Black population. An in-depth analysis and discussion of this question is provided in this plan under **Section III: Summary of Findings and Recommendations** on page 117.

Study Question #5

What psychographic (values) behaviors are demonstrated by the Black population? [What do Blacks actually do about their health and healthcare?]

In summary, Black/African American residents prefer (73.3%) and value a medical doctor (MD) for their heart disease, high blood pressure, HIV/AIDS, breast cancer, and prostate cancer healthcare. Although most residents did not express a racial/ethnic or gender preference for their healthcare provider, they do care about a provider's competency/knowledge/experience. In addition, they care about a provider's care and compassion towards their healthcare needs. When residents are reluctant to seek preventive services for heart disease, high blood pressure, HIV/AIDS, breast cancer, and prostate cancer, respondents indicated it is because of a lack of trust (15.3%) in the healthcare provider, or the waiting time (14.6%), or lack of a caring provider (12.6%). These responses represent 42.5% of all answers. The responses for reluctance in seeking prevention services were low. Most respondents wrote in the margin of the questionnaire during administration that they are not reluctant in seeking preventive services. Table 70 on page 88 of this report provides additional responses to issues regarding reluctance in seeking preventive services. Total responses exceed 100% because some respondents checked more than one answer. Blacks indicated for the targeted health conditions "one-on-one counseling" (30.2%) was the most helpful to their learning style.

Resident Questionnaire Respondents (N=511)

- 59.9% identified an MD as personal access to routine care
- 77.8% had some type of insurance
- 85.3% indicated last preventive care visit (routine physical) within 18 months
- 49.7% motivated to participate in healthy activities to stay healthy
- 82.0% agree that taking the right actions will help to stay healthy
- 71.9% agree they think about their health
- 43.6% believe it is hard to change health habits

Public Forum Respondents (N=71):
What healthy activities do you participate in to improve your health?

- Walking: 70.4%
- Housework: 46.5%
- Gym: 26.8%
- Running: 23.9%
- Aerobics: 21.1%
- Swimming: 16.9%
- Basketball: 14.1%

B.1. Afrocentric Resident Questionnaire Summaries

Section 1: Demographics

- A total of 515 individuals completed the questionnaire. The final sample included 511 respondents. Three respondents were ineligible because they did not live in San Bernardino County. The other respondent was deleted because the questionnaire had too much data missing, only the first page was completed.

- Among the resident questionnaire respondents, 60.9% (311) were female and 38.6% (197) were males.

- The overall average age for resident questionnaire respondents was 39.82 years. The average age of males was 40.7 years and females were 39.3 years. Ages ranged from 17 to 83 years. A 17-year old individual was maintained in the sample because he identified himself as an emancipated minor. The majority of the respondents were between the ages of 25 to 34 years, see Table 6.

Table 6
Categories of Age (in years) Distribution
Afrocentric Resident Questionnaire Respondents, N = 511

Age Category	Number of Respondents	Percent of Respondents (%)
<25 Years	100	19.6
25-34 Years	112	21.9
35-44 Years	105	20.5
45-54 Years	110	21.5
55-64 Years	36	7.0
65-74 Years	31	6.1
75-84 Years	12	2.3
Non-Response	5	1.0
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician; San Bernardino County Department of Public Health. November 2004

- In response to the question about ethnic identity, 352 (68.9%) preferred to be called *Black*. However, 190 (27.2%) identified themselves as *African American*, nine (1.8%) identified themselves as *African*, and nine (1.8%) indicated they were *West Indian*.

- The five top cities where participants were recruited from was San Bernardino (22.7%), Rialto (14.3%), Fontana (7.2%), Victorville (7.0%), and Rancho Cucamonga (6.5%). See Table 7 for the distribution of other respondents by resident cities.

Table 7
Resident City Distribution
Afrocentric Resident Questionnaire Respondents, N = 511

Resident City	Number of Respondents	Percent of Respondents (%)
San Bernardino	116	22.7
Rialto	73	14.3
Fontana	37	7.2
Victorville	36	7.0
Rancho Cucamonga	33	6.5
Twenty-nine Palms	32	6.3
Ontario	22	4.3
Highland	21	4.1
Adelanto	18	3.5
Upland	18	3.5
Apple Valley	17	3.3
Colton	16	3.1
Barstow	15	2.9
Montclair	15	2.9
Hesperia	13	2.5
Redlands	10	2.0
Chino	9	1.8
Chino Hills	3	0.6
Loma Linda	3	0.6
Non-Response	2	0.4
Grand Terrace	1	0.2
Yucaipa	1	0.2
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

- In terms of religious preference, approximately 47% of the respondents were *Baptist*. A large number (21%) chose the category *Other and* specified their religious affiliation such as Christian (50, 9.8%), Non-denominational (18, 3.6%), Jehovah Witness (6, 1.2%), Church of God in Christ (6, 1.2%), and other terms like Higher Power (8, 15.9%) or no name given (20, 4.0%). See Table 8 for the distribution of religious preferences.

Table 8
Religious Preference Distribution
Afrocentric Resident Questionnaire Respondents, N = 511

Religious Preference	Number of Respondents	Percent of Respondents (%)
None	45	8.8
Baptist	238	46.6
Catholic	20	3.9
Islamic	5	1.0
Lutheran	2	0.4
Methodist	15	2.9
Pentecostal	52	10.2
Seventh-day Adventist	11	2.2
Other	108	21.1
Non-Response	15	2.9
Total	**511**	**100.0**

- Regarding marital status, 334 (65.4%) indicated they were not married, 32.3% (165) were married, and 12 gave no-response.

- The majority of the respondents were educated beyond the 12th grade (86.9%). Only one respondent (0.2%) had no formal education completed, 9.2% educated between 9th and 11th grades, and 2.9% non-response.

- Regarding housing status, over half of the survey respondents reported that they rent (271, 53.0%). In addition, approximately one in four respondents reported that they own (137, 26.8%), 75 (14.7%) live with family/friends, 9 (1.8%) indicated they were homeless, 1.4% (7) responded other but did not indicate a location, and 12 (2.3%) gave no-response.

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

- Respondents were asked about the length of time they had lived in San Bernardino County. The majority of respondents had lived in the County for more than 5 years (63.2%) (Table 9).

Table 9
Length of Stay in San Bernardino County
Afrocentric Resident Questionnaire Respondents, N = 511

Length of Stay in San Bernardino County	Number of Respondents	Percent of Respondents (%)
Less Than 6 Months	20	3.9
6 - 12 Months	30	5.9
12 - 24 Months	33	6.5
2 - 5 Years	87	17.0
Greater Than 5 Years	323	63.2
Non-Response	18	3.5
Total	**511**	**100.0**

- Over half of the respondents reported having an annual household income for the year 2003 of less than $30,000 (55.4%). In addition, one in ten respondents had an annual household income of $70,000 or more (11.7%), see Table 10.

Table 10
Approximate Annual Household Income for the Year 2003
Afrocentric Resident Questionnaire Respondents, N = 511

Annual Household Income Category	Number of Respondents	Percent of Respondents (%)
Less Than $9,999	115	22.5
$10,000 - $19,999	100	19.6
$20,000 - $29,999	68	13.3
$30,000 - $39,999	53	10.4
$40,000 - $49,999	41	8.0
$50,000 - $59,999	23	4.5
$60,000 - $69,999	27	5.3
$70,000 or More	60	11.7
Non-Response	24	4.7
Total	**511**	**100.0**

- **Employment Status:** The resident survey respondents were asked about their employment status and given several employment categories of which they could choose as many as were applicable. Among the 511 respondents: 190 (37.2%) *full-time*, 85 (16.6%) *part-time*, 51 (10.0%) *retired*, 45 (8.8%) *disabled*, 81 (15.9%) a *student*, and 81 (15.9%) *homemaker*.

- **Transportation:** Respondents were asked what transportation they use to get to their healthcare provider, 311 (60.9%) reported using their personal vehicle, while 75 (14.7%) used public transportation.

- Of the 511 resident respondents, 372 (72.8%) reported having a valid driver's license, while 116 (22.7%) did not.

- Of the 511 resident respondents, 329 (64.4%) reported that they own their own personal car, and 118 (23.1%) did not.

- **Military Status:** Majority of our respondents 373 (73.0%) were not in the military; 5% were retired.

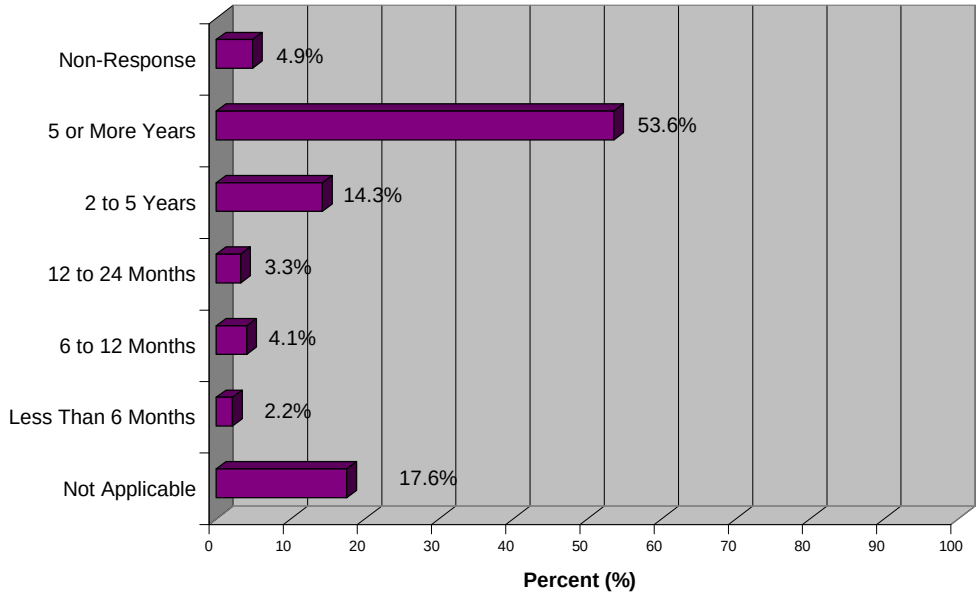
- **Healthcare Coverage:** Respondents were allowed to select as many of the options as were applicable; 17.8% - **no** healthcare coverage, 58 (11.4%) - private insurance coverage, 133 (26.0%) - HMO, 120 (23.5%) - Medicare/Medicaid/MediCal, 30 (5.9%) – VA, and 5.2% indicated other types.

- **Routine Care Provider:** 306 (59.9%) indicated they had a medical doctor; 82 (16.0%) did not.

- **Alternative Provider for Routine Care:** Respondents who reported not having a medical doctor for their routine care were asked which alternative provider they used for their routine healthcare; 104 (20.4%) reported not using any healthcare provider, 14 (2.7%) - a Doctor of Osteopathic Medicine (DO), 10 (2.0%) - a Doctor of Chiropractic Medicine, 21 (4.1%) - a Nurse Practitioner (NP), 19 (3.7%) - a Physician Assistant (PA), and 4 (0.8%) - an Herbalist (Holistic practitioner).

- More than half of the respondents reported having healthcare coverage for five years of more (53.6%) (Figure 1).

Figure 1
Length of Time With Healthcare Coverage Distribution
Afrocentric Resident Questionnaire Respondents, N = 511



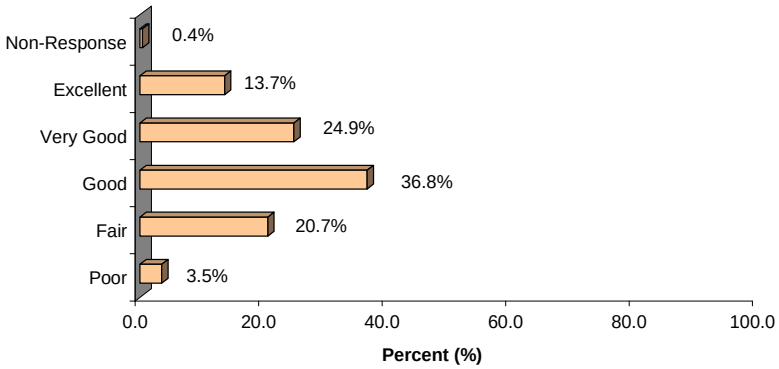
Length of Healthcare Coverage	Number of Respondents	Percent of Respondents (%)
Not Applicable	90	17.6
Less Than 6 Months	11	2.2
6 to 12 Months	21	4.1
12 to 24 Months	17	3.3
2 to 5 Years	73	14.3
5 or More Years	274	53.6
Non-Response	25	4.9
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Section 2: Attitude Towards Health and Sickness

- Of the 511 resident respondents, 385 (75.4%) reported that their general health was either good, very good, or excellent (Figure 2).

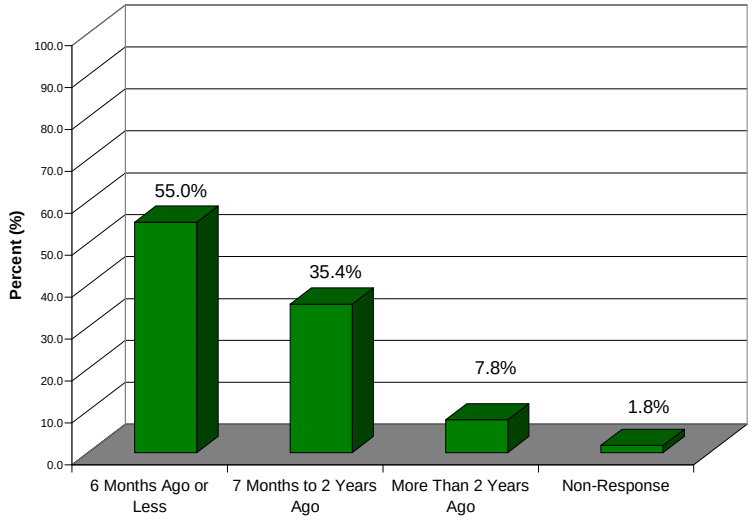
Figure 2
In general, my health is:
Afrocentric Resident Questionnaire Respondents, N = 511



Health Status Category	Number of Respondents	Percent of Respondents (%)
Poor	18	3.5
Fair	106	20.7
Good	188	36.8
Very Good	127	24.9
Excellent	70	13.7
Non-Response	2	0.4
Total	**511**	**100.0**

- Most of the respondents reported going to their doctor/healthcare provider for **preventive care**, such as a routine check up, within the last 6 months (Figure 3).

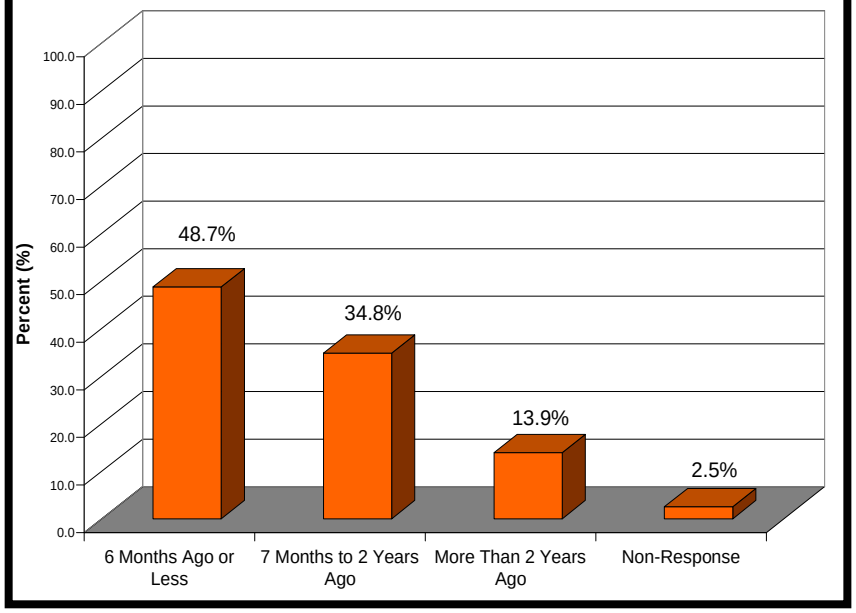
Figure 3
How long has it been since you have been in to your doctor/healthcare provider for preventive care, such as a routine check up?
Afrocentric Resident Questionnaire Respondents, N = 511



Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

- Most of the respondents reported going to their doctor/healthcare provider for **non-preventive care** within the last 6 months (Figure 4).

Figure 4
How long has it been since you have been in to see your doctor for anything other than preventive care or a routine check up?
Afrocentric Resident Questionnaire Respondents, N = 511



- When asked what motivated the respondents to take part in healthy activities, such as exercising, eating regular balanced meals and sleeping at least 7 hours every night, the following reasons were given:

Table 11. Motivation for Healthy Activities

Motivation	Number of Respondents	Percent of Respondents (%)
I want to be healthy	254	49.7
I do not want to die prematurely	58	11.4
I love life	136	26.6
I want to be here for my family, friends, and loved ones	197	38.6

- Resident respondents were asked about their attitudes towards preventive health care.
  - 377 (73.8%) **agreed** that they are in control of their own health.
  - 419 (82.0%) **agreed** that if they take the right actions, they can stay healthy.
  - 274 (53.6%) **disagreed** that they have never been taught about how to prevent disease.
  - 307 (60.0%) **agreed** that if they become ill/sick, it is their own behavior that will determine how soon they get well.

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, SBC Dept PH, 11/2004

- 316 (61.9%) **agreed** that regular contact with their physician is the best way for them to avoid illness.
- 341 (66.7%) **agreed** that if they do not feel well, they should consult a medically trained professional.
- 221 (43.2%) **agreed** that if their licensed medical doctor can't cure them, they will seek alternative medical care (examples include root doctor, holistic medical practitioner, herbalist, faith healer, etc.).
- 334 (65.3%) **agreed** that when they are sick, they usually consult their licensed medical doctor.
- 311 (60.9%) **disagreed** that it is their healthcare provider's responsibility to keep them from getting ill or sick.
- 209 (40.9%) **disagreed** that no matter what they do to prevent illness, if they are going to get sick, they will get sick.
- 223 (43.6%) **agreed** that it is hard to change health habits.
- 272 (53.3%) **agreed** that prayer can cure any disease/illness.
- 351 (68.7%) **disagreed** that they don't think they need to go to a healthcare provider.
- 367 (71.9%) **disagreed** that they do not think about their health.

- Resident respondents were asked whether being Black put them at risk of the following diseases. Below are the respondents who selected each disease:
  - ***Heart Disease:***176 (34.4%)
  - ***High Blood Pressure***: 242 (47.4%)
  - ***Prostate Cancer:*** 70 (13.7%)
  - ***Breast Cancer***: 66 (12.9%)
  - ***HIV/AIDS:*** 79 (15.5%)
  - ***All of the Above***: 148 (29.0%)
  - ***Being Black/African American <u>does not</u> put me at risk:*** 107 (20.9%)

- Majority of the residents reported going to an individual provider for their regular healthcare (29.0%) (Table 12).

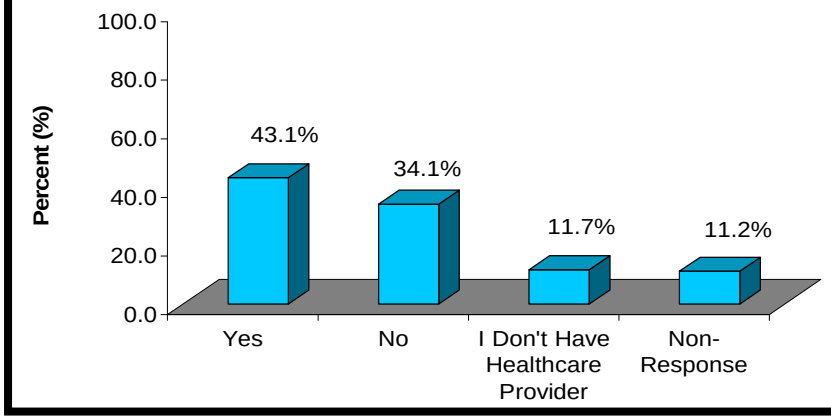
Table 12
Where do you usually go for <u>your</u> regular healthcare?
Afrocentric Resident Questionnaire Respondents, N = 511

Location of Regular Healthcare	Number of Respondents	Percent of Respondents (%)
Individual Provider*	148	29.0
HMO	126	24.7
San Bernardino County Health Department	58	11.4
I Do Not Go Anywhere For Regular Healthcare	49	9.6
Other	37	7.2
Private Health System**	32	6.3
Non-Response	29	5.7
Government Health System***	25	4.9
Self-Care****	4	0.8
Health Food Store	2	0.4
Pharmacist	1	0.2
Total	**511**	**100.0**

*Includes physician, nurse practitioner, physician assistant.
**Examples include St. Mary, Loma Linda Medical Center.
***Includes Veteran's Administration Medical Center (VA), and Patton State Hospital.
****Includes going to the gym, therapeutic classes.

- Approximately one in three resident respondents claimed that they do not think their healthcare provider is ESPECIALLY interested in preventing heart disease, high blood pressure, prostate cancer, breast cancer, and HIV/AIDS in the Black/African American population (34.1%) (Figure 5).

Figure 5
Do you think your healthcare provider is ESPECIALLY interested in preventing heart disease, high blood pressure, prostate cancer, breast cancer, and HIV/AIDS in the Black/African American population?
Afrocentric Resident Questionnaire Respondents, N = 511



Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

- Of the respondents who claimed that their healthcare provider is ESPECIALLY interested in health conditions in the Black/African American population, 140 (63.6%) were interested in preventing **heart disease**, 166 (75.5%) **high blood pressure**, 93 (42.3%) **prostate cancer**, 116 (52.7%) **breast cancer**, and 102 (46.4%) **HIV/AIDS**.

- **Role of Healthcare provider:** see Tables 13 - 17.

Table 13
In your opinion, what do you think is the role of Physicians?
Afrocentric Resident Questionnaire Respondents, N = 511

Role of Healthcare Provider	Number of Respondents	Percent of Respondents (%)
Diagnose and Treat Illnesses	390	76.3
Treat Diseases	362	70.8
Provide Treatment	349	68.3
Teach You How to Stay Healthy	340	66.5
Educate You About Diseases	334	65.4
Provide Information	301	58.9
Prevent Diseases	265	51.9
Provide Ongoing Chronic Disease Prevention Programs	207	40.5
Regulate How Healthcare is Provided	180	35.2
Make Sure Everyone Receives Healthcare	177	34.6
Make Sure That High-Risk Populations Have Prevention Programs	171	33.5
Make Plans to Prevent Disease and Disability Among the County Residents	163	31.9

Table 14
In your opinion, what do you think is the role of County Department of Health?
Afrocentric Resident Questionnaire Respondents, N = 511

Role of Healthcare Provider	Number of Respondents	Percent of Respondents (%)
Make Plans to Prevent Disease and Disability Among the County Residents	304	59.5
Provide Information	303	59.3
Make Sure Everyone Receives Healthcare	291	56.9
Make Sure That High-Risk Populations Have Prevention Programs	283	55.4
Educate You About Diseases	261	51.1
Provide Ongoing Chronic Disease Prevention Programs	258	50.5
Teach You How to Stay Healthy	249	48.7
Regulate How Healthcare is Provided	249	48.7
Prevent Diseases	228	44.6
Provide Treatment	165	32.3
Treat Diseases	144	28.2
Diagnose and Treat Illnesses	108	21.1

Table 15
In your opinion, what do you think is the role of Hospitals?
Afrocentric Resident Questionnaire Respondents, N = 511

Role of Healthcare Provider	Number of Respondents	Percent of Respondents (%)
Provide Treatment	234	45.8
Treat Diseases	232	45.4
Provide Information	225	44.0
Diagnose and Treat Illnesses	206	40.3
Prevent Diseases	173	33.9
Make Sure Everyone Receives Healthcare	173	33.9
Provide Ongoing Chronic Disease Prevention Programs	170	33.3
Educate You About Diseases	160	31.3
Teach You How to Stay Healthy	153	29.9
Make Sure That High-Risk Populations Have Prevention Programs	148	29.0
Regulate How Healthcare is Provided	141	27.6
Make Plans to Prevent Disease and Disability Among the County Residents	136	26.6

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Table 16
In your opinion, what do you think is the role of Health Maintenance Organizations (HMOs)?
Afrocentric Resident Questionnaire Respondents, N = 511

Role of Healthcare Provider	Number of Respondents	Percent of Respondents (%)
Provide Information	213	41.7
Educate You About Diseases	176	34.4
Make Sure Everyone Receives Healthcare	158	30.9
Teach You How to Stay Healthy	152	29.7
Make Sure That High-Risk Populations Have Prevention Programs	150	29.4
Provide Ongoing Chronic Disease Prevention Programs	149	29.2
Provide Treatment	146	28.6
Regulate How Healthcare is Provided	146	28.6
Make Plans to Prevent Disease and Disability Among the County Residents	133	26.0
Prevent Diseases	132	25.8
Treat Diseases	125	24.5
Diagnose and Treat Illnesses	122	23.9

Table 17
In your opinion, what do you think is the role of Community Organizations?
Afrocentric Resident Questionnaire Respondents, N = 511

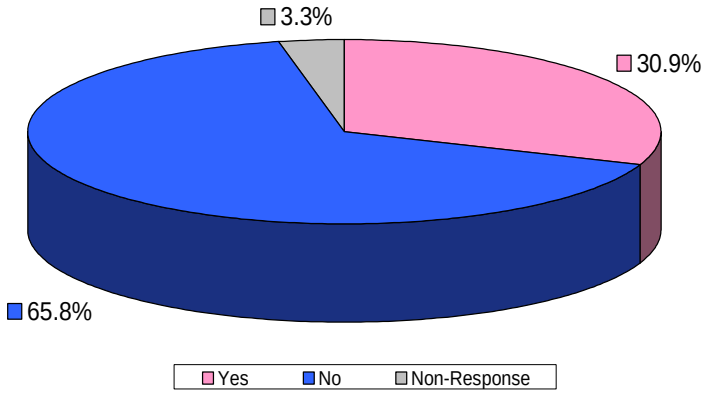
Role of Healthcare Provider	Number of Respondents	Percent of Respondents (%)
Provide Information	252	49.3
Make Sure That High-Risk Populations Have Prevention Programs	221	43.2
Educate You About Diseases	202	39.5
Teach You How to Stay Healthy	193	37.8
Make Plans to Prevent Disease and Disability Among the County Residents	188	36.8
Provide Ongoing Chronic Disease Prevention Programs	183	35.8
Make Sure Everyone Receives Healthcare	170	33.3
Regulate How Healthcare is Provided	132	25.8
Prevent Diseases	129	25.2
Provide Treatment	59	11.5
Treat Diseases	49	9.6
Diagnose and Treat Illnesses	44	8.6

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by: Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Section 3: Perceptions of Prevention Services

- Approximately two out of three resident respondents reported that they have never had a chronic health condition where they sought medical care (65.8%) (Figure 6).

Figure 6
Have you ever had a chronic health condition where you sought medical care?
Afrocentric Resident Questionnaire Respondents, N = 511



	Number of Respondents	Percent of Respondents (%)
Yes	158	30.9
No	336	65.8
Non-Response	17	3.3
Total	**511**	**100.0**

- In general, 343 respondents (67.2%) felt that **preventive care** was necessary, very necessary, or extremely necessary for their chronic health condition. In addition, 355 respondents (69.5%) felt that **treatment services** were necessary, very necessary, or extremely necessary. Also, 326 respondents (63.8%) felt that **community health resources** were necessary, very necessary, or extremely necessary for their chronic health condition.

- Respondents were asked if anyone in their family, a friend or someone they knew ever had heart disease, high blood pressure, prostate cancer, breast cancer, and/or HIV/AIDS. All knew someone.

  Heart disease: 243 (47.6%)
  H**igh blood pressure:** 440 (86.1%)
  Prostate cancer: 171 (33.5%)
  Breast cancer: 211 (41.3%)
  HIV/AIDS: 142 (27.8%)

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

- When asked about the **availability of prevention programs** to themselves, their family members, or someone they knew, the respondents answered "yes" prevention programs are available for the following health conditions:
  - **Heart disease:** 273 (53.4%)
  - **High blood pressure:** 334 (65.4%)
  - **Prostate cancer:** 226 (44.2%)
  - **Breast cancer:** 249 (48.7%)
  - **HIV/AIDS:** 239 (46.8%)

- Tables 18 through 22 display the residents' responses in regards to their **knowledge of how frequently prevention programs are offered near their residence**. For each health condition, most respondents said they "do not know".

Table 18
Are prevention programs offered near your residence for Heart Disease?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	218	42.7
Always	77	15.1
Never	66	12.9
Sometimes	51	10.0
Often	42	8.2
Rarely	39	7.6
Non-Response	18	3.5
Total	**511**	**100.0**

Table 19
Are prevention programs offered near your residence for High Blood Pressure?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	201	39.3
Always	99	19.4
Never	58	11.4
Often	56	11.0
Sometimes	48	9.4
Rarely	37	7.2
Non-Response	12	2.3
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Table 20
Are prevention programs offered near your residence for HIV/AIDS?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	211	41.3
Always	86	16.8
Never	61	11.9
Sometimes	57	11.2
Often	47	9.2
Rarely	27	5.3
Non-Response	22	4.3
Total	**511**	**100.0**

Table 21
Are prevention programs offered near your residence for Breast Cancer?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	202	39.5
Always	94	18.4
Never	61	11.9
Often	49	9.6
Sometimes	47	9.2
Rarely	37	7.2
Non-Response	21	4.1
Total	**511**	**100.0**

Table 22
Are prevention programs offered near your residence for Prostate Cancer?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	222	43.4
Always	80	15.7
Never	68	13.3
Often	43	8.4
Rarely	40	7.8
Sometimes	39	7.6
Non-Response	19	3.7
Total	**511**	**100.0**

- Tables 23 through 27 display the residents' responses in regards to their **knowledge of how frequently prevention programs are culturally appropriate to African Americans/Blacks.** For each health condition, most respondents said they "do not know".

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Table 23
Are prevention programs for Heart Disease culturally appropriate to African Americans/Blacks?
Afrocentric Resident Questionnaire Respondents, N = 511

Cultural Appropriateness of Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	174	34.1
Always	92	18.0
Often	69	13.5
Sometimes	65	12.7
Rarely	57	11.2
Never	49	9.6
Non-Response	5	1.0
Total	**511**	**100.0**

Table 24
Are prevention programs for High Blood Pressure culturally appropriate to African Americans/Blacks?
Afrocentric Resident Questionnaire Respondents, N = 511

Cultural Appropriateness of Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	164	32.1
Always	117	22.9
Sometimes	70	13.7
Often	64	12.5
Rarely	57	11.2
Never	33	6.5
Non-Response	6	1.2
Total	**511**	**100.0**

Table 25
Are prevention programs for HIV/AIDS culturally appropriate to African Americans/Blacks?
Afrocentric Resident Questionnaire Respondents, N = 511

Cultural Appropriateness of Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	190	37.2
Always	104	20.4
Often	64	12.5
Sometimes	53	10.4
Rarely	52	10.2
Never	36	7.0
Non-Response	12	2.3
Total	**511**	**100.0**

Table 26
Are prevention programs for Breast Cancer culturally appropriate to African Americans/Blacks?
Afrocentric Resident Questionnaire Respondents, N = 511

Cultural Appropriateness of Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	174	34.1
Always	102	20.0
Often	63	12.3
Sometimes	62	12.1
Rarely	54	10.6
Never	42	8.2
Non-Response	14	2.7
Total	**511**	**100.0**

Table 25
Are prevention programs for <u>Prostate Cancer</u> culturally appropriate to African Americans/Blacks?
Afrocentric Resident Questionnaire Respondents, N = 511

Cultural Appropriateness of Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	187	36.6
Always	101	19.8
Often	65	12.7
Sometimes	58	11.4
Rarely	50	9.8
Never	41	8.0
Non-Response	9	1.8
Total	**511**	**100.0**

Table 26
If childcare is a concern for you, please tell us if childcare is available at <u>Heart Disease</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Childcare at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	297	58.1
Non-Response	66	12.9
Never	65	12.7
Always	29	5.7
Rarely	24	4.7
Often	18	3.5
Sometimes	12	2.3
Total	**511**	**100.0**

- Tables 28 through 32 display the residents' responses in regards to their knowledge of how frequently childcare is available at prevention programs. For each health condition, most respondents said they "do not know".

Table 27
If childcare is a concern for you, please tell us if childcare is available at <u>High Blood Pressure</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Childcare at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	291	56.9
Non-Response	70	13.7
Never	61	11.9
Always	35	6.8
Rarely	19	3.7
Sometimes	19	3.7
Often	16	3.1
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician

Table 30
If childcare is a concern for you, please tell us if childcare is available at HIV/AIDS prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Childcare at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	299	58.5
Non-Response	69	13.5
Never	64	12.5
Always	27	5.3
Rarely	20	3.9
Often	17	3.3
Sometimes	15	2.9
Total	**511**	**100.0**

Table 31
If childcare is a concern for you, please tell us if childcare is available at Breast Cancer prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Childcare at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	301	58.9
Non-Response	68	13.3
Never	63	12.3
Always	28	5.5
Rarely	21	4.1
Sometimes	18	3.5
Often	12	2.3
Total	**511**	**100.0**

Table 32
If childcare is a concern for you, please tell us if childcare is available at Prostate Cancer prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Availability of Childcare at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	303	59.3
Non-Response	68	13.3
Never	62	12.1
Always	27	5.3
Rarely	22	4.3
Sometimes	16	3.1
Often	13	2.5
Total	**511**	**100.0**

- Tables 32 through 37 display the residents' responses in regards to how frequently they are confused about necessary paperwork at prevention programs. For each health condition, most respondents said they "do not know."

Table 31
If you go to prevention programs for Heart Disease, is there confusion about necessary paperwork?
Afrocentric Resident Questionnaire Respondents, N = 511

Confusion About Paperwork at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	256	50.1
Never	64	12.5
Sometimes	48	9.4
Non-Response	42	8.2
Always	38	7.4
Often	33	6.5
Rarely	30	5.9
Total	**511**	**100.0**

Table 32
If you go to prevention programs for High Blood Pressure, is there confusion about necessary paperwork?
Afrocentric Resident Questionnaire Respondents, N = 511

Confusion About Paperwork at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	252	49.3
Never	65	12.7
Sometimes	49	9.6
Often	41	8.0
Non-Response	40	7.8
Always	37	7.2
Rarely	27	5.3
Total	**511**	**100.0**

Table 33
If you go to prevention programs for HIV/AIDS, is there confusion about necessary paperwork?
Afrocentric Resident Questionnaire Respondents, N = 511

Confusion About Paperwork at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	263	51.5
Never	63	12.3
Sometimes	46	9.0
Non-Response	46	9.0
Often	37	7.2
Always	32	6.3
Rarely	24	4.7
Total	**511**	**100.0**

Table 34
If you go to prevention programs for Breast Cancer, is there confusion about necessary paperwork?
Afrocentric Resident Questionnaire Respondents, N = 511

Confusion About Paperwork at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	268	52.4
Never	61	11.9
Non-Response	47	9.2
Sometimes	40	7.8
Often	39	7.6
Always	31	6.1
Rarely	25	4.9
Total	**511**	**100.0**

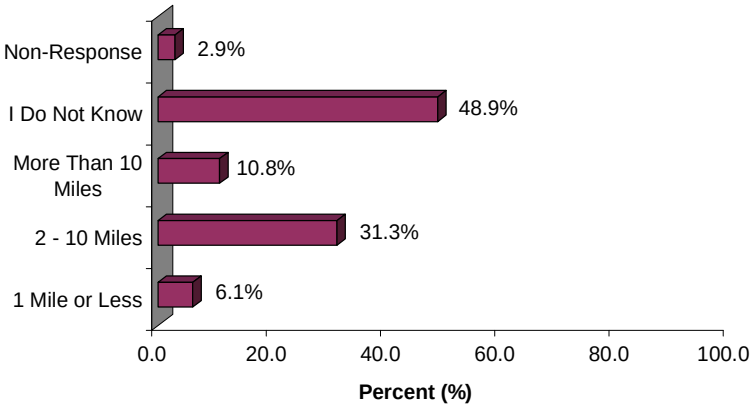
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Table 37
If you go to prevention programs for <u>Prostate Cancer</u>, is there confusion about necessary paperwork?
Afrocentric Resident Questionnaire Respondents, N = 511

Confusion About Paperwork at Prevention Programs	Number of Respondents	Percent of Respondents (%)
I Do Not Know	274	53.6
Never	60	11.7
Sometimes	42	8.2
Non-Response	41	8.0
Often	35	6.8
Always	33	6.5
Rarely	26	5.1
Total	**511**	**100.0**

- Figures7 through 11 display the residents' responses in regards to **how close prevention programs are to their residence**. For each health condition, most respondents said they "do not know".

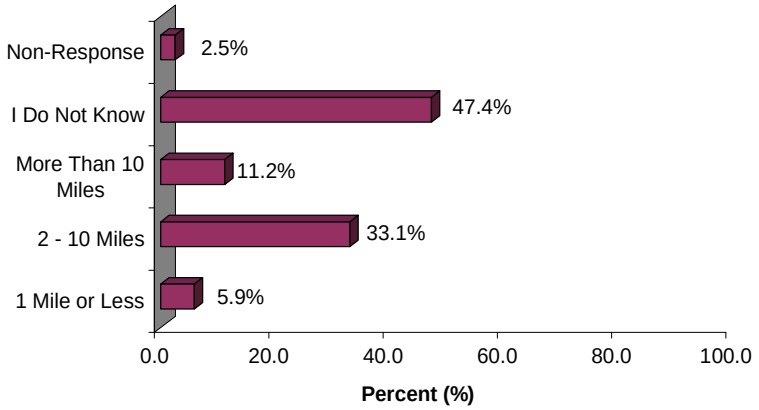
Figure 7
In regards to location, how close are <u>Heart Disease</u> prevention programs to your residence?
Afrocentric Resident Questionnaire Respondents, N = 511



Distance of Prevention Programs	Number of Respondents	Percent of Respondents (%)
1 Mile or Less	31	6.1
2 - 10 Miles	160	31.3
More Than 10 Miles	55	10.8
I Do Not Know	250	48.9
Non-Response	15	2.9
Total	**511**	**100.0**

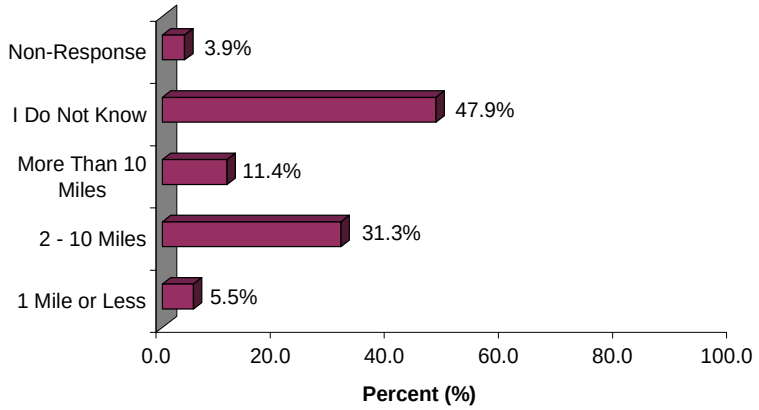
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Figure 8
In regards to location, how close are <u>High Blood Pressure</u> prevention programs to your residence?
Afrocentric Resident Questionnaire Respondents, N = 511



Distance of Prevention Programs	Number of Respondents	Percent of Respondents (%)
1 Mile or Less	30	5.9
2 - 10 Miles	169	33.1
More Than 10 Miles	57	11.2
I Do Not Know	242	47.4
Non-Response	13	2.5
Total	**511**	**100.0**

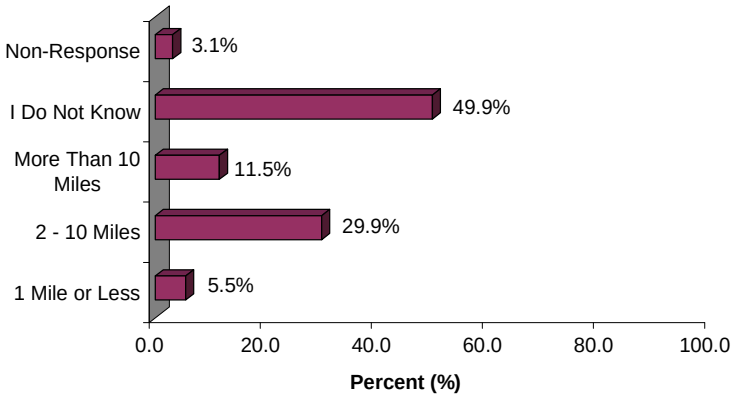
Figure 9
In regards to location, how close are <u>HIV/AIDS</u> prevention programs to your residence?
Afrocentric Resident Questionnaire Respondents, N = 511



Distance of Prevention Programs	Number of Respondents	Percent of Respondents (%)
1 Mile or Less	28	5.5
2 - 10 Miles	160	31.3
More Than 10 Miles	58	11.4
I Do Not Know	245	47.9
Non-Response	20	3.9
Total	**511**	**100.0**

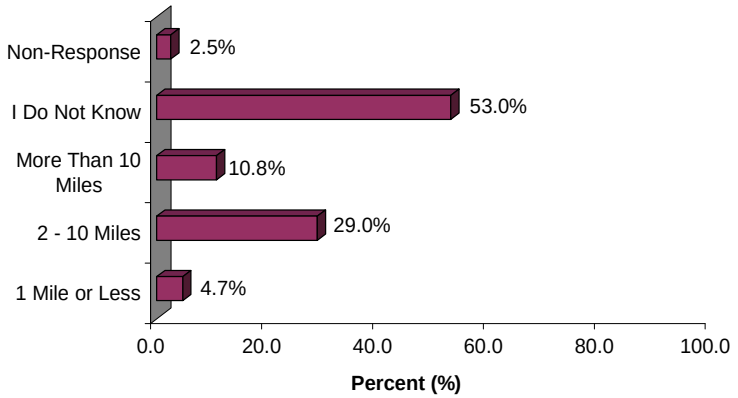
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician

Figure 10
In regards to location, how close are <u>Breast Cancer</u> prevention programs to your residence?
Afrocentric Resident Questionnaire Respondents, N = 511



Distance of Prevention Programs	Number of Respondents	Percent of Respondents (%)
1 Mile or Less	28	5.5
2 - 10 Miles	153	29.9
More Than 10 Miles	59	11.5
I Do Not Know	255	49.9
Non-Response	16	3.1
Total	**511**	**100.0**

Figure 11
In regards to location, how close are <u>Prostate Cancer</u> prevention programs to your residence?
Afrocentric Resident Questionnaire Respondents, N = 511

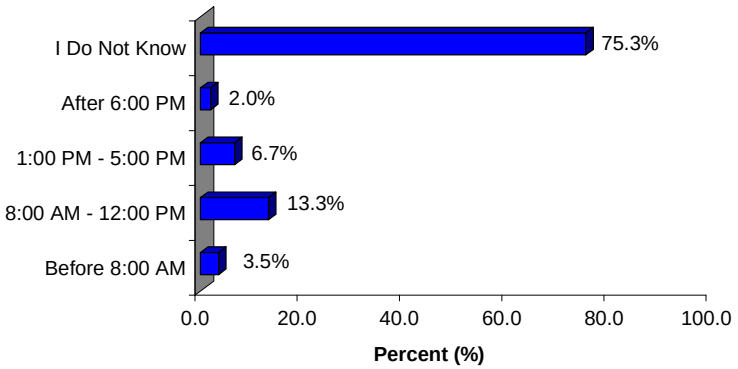


Distance of Prevention Programs	Number of Respondents	Percent of Respondents (%)
1 Mile or Less	24	4.7
2 - 10 Miles	148	29.0
More Than 10 Miles	55	10.8
I Do Not Know	271	53.0
Non-Response	13	2.5
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

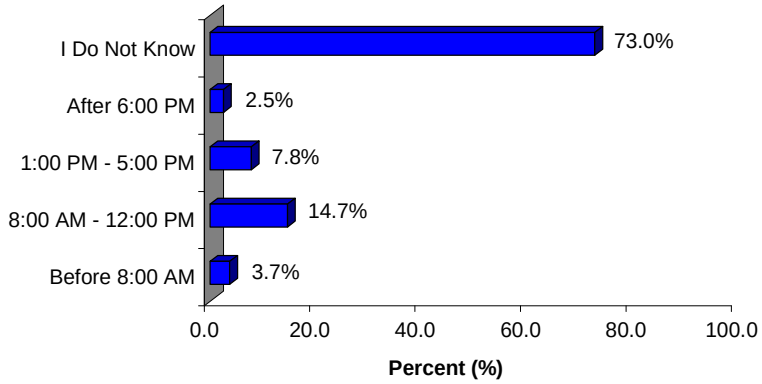
- Figures12 through 16 display the residents' responses in regards to what times prevention programs are offered. For each health condition, most respondents said they "do not know".

Figure 12
What times are prevention programs offered for <u>Heart Disease</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



Times Prevention Programs Are Offered	Number of Respondents	Percent of Respondents (%)
Before 8:00 AM	18	3.5
8:00 AM - 12:00 PM	68	13.3
1:00 PM - 5:00 PM	34	6.7
After 6:00 PM	10	2.0
I Do Not Know	385	75.3

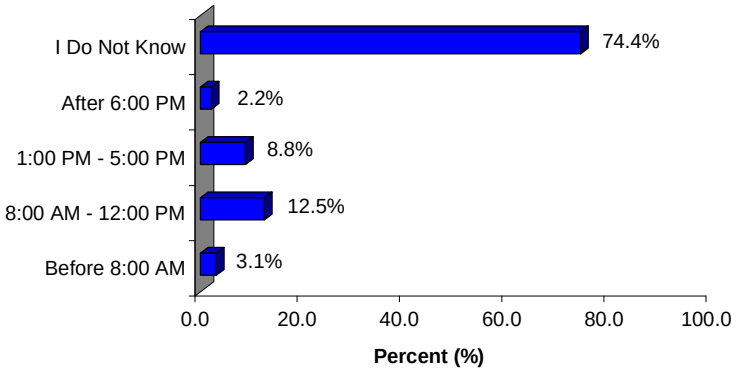
Figure 13
What times are prevention programs offered for <u>High Blood Pressure</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



Times Prevention Programs Are Offered	Number of Respondents	Percent of Respondents (%)
Before 8:00 AM	19	3.7
8:00 AM - 12:00 PM	75	14.7
1:00 PM - 5:00 PM	40	7.8
After 6:00 PM	13	2.5
I Do Not Know	373	73.0

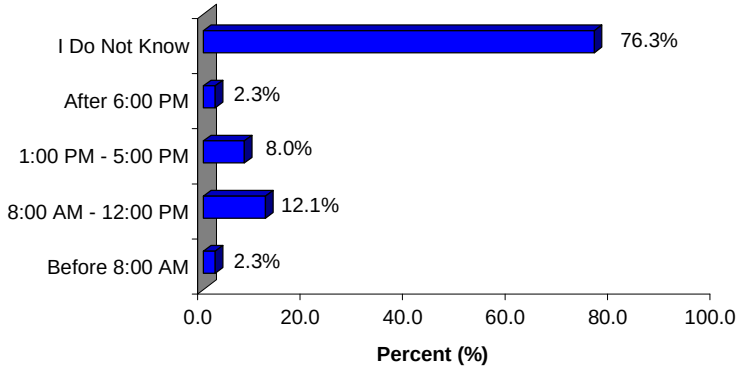
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Figure 14
What times are prevention programs offered for HIV/AIDS?
Afrocentric Resident Questionnaire Respondents, N = 511



Times Prevention Programs Are Offered	Number of Respondents	Percent of Respondents (%)
Before 8:00 AM	16	3.1
8:00 AM - 12:00 PM	64	12.5
1:00 PM - 5:00 PM	45	8.8
After 6:00 PM	11	2.2
I Do Not Know	380	74.4

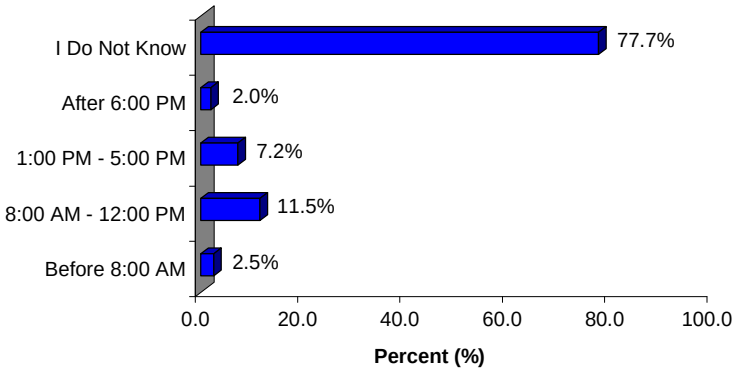
Figure 15
What times are prevention programs offered for Breast Cancer?
Afrocentric Resident Questionnaire Respondents, N = 511



Times Prevention Programs Are Offered	Number of Respondents	Percent of Respondents (%)
Before 8:00 AM	12	2.3
8:00 AM - 12:00 PM	62	12.1
1:00 PM - 5:00 PM	41	8.0
After 6:00 PM	12	2.3
I Do Not Know	390	76.3

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician

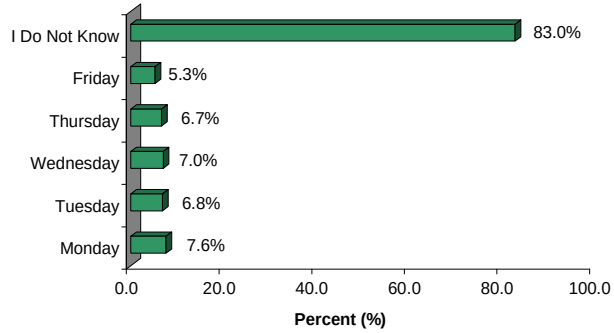
Figure 16
What times are prevention programs offered for <u>Prostate Cancer</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



Times Prevention Programs Are Offered	Number of Respondents	Percent of Respondents (%)
Before 8:00 AM	13	2.5
8:00 AM - 12:00 PM	59	11.5
1:00 PM - 5:00 PM	37	7.2
After 6:00 PM	10	2.0
I Do Not Know	397	77.7

- Figures 17 through 21 display the residents' responses in regards to what **days of the week prevention programs are available**. For each health condition, most respondents said they "do not know."

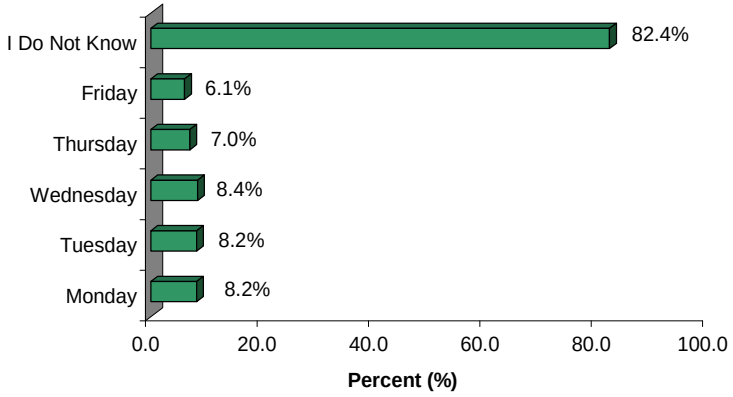
Figure 17
What days of the week are <u>Heart Disease</u> prevention programs available?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Monday	39	7.6
Tuesday	35	6.8
Wednesday	36	7.0
Thursday	34	6.7
Friday	27	5.3
I Do Not Know	424	83.0

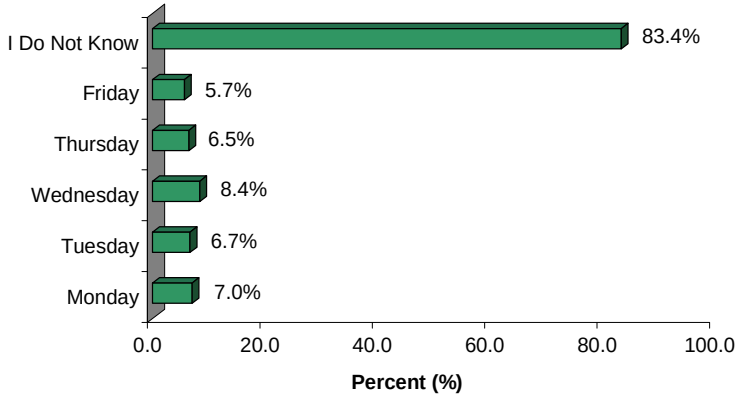
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician

Figure 18
What days of the week are <u>High Blood Pressure</u> prevention programs available?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Monday	42	8.2
Tuesday	42	8.2
Wednesday	43	8.4
Thursday	36	7.0
Friday	31	6.1
I Do Not Know	421	82.4

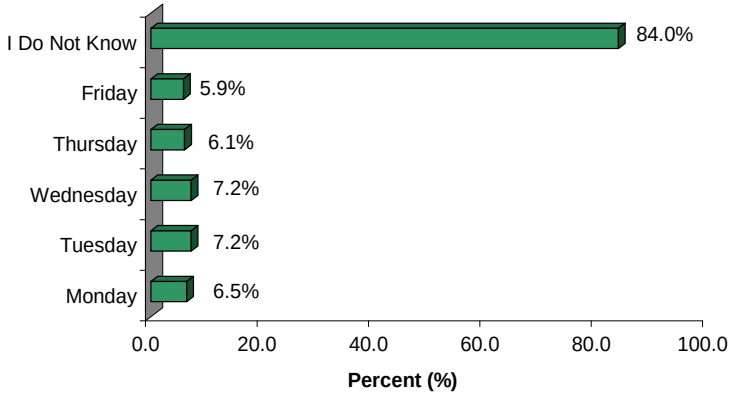
Figure 19
What days of the week are <u>HIV/AIDS</u> prevention programs available?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Monday	36	7.0
Tuesday	34	6.7
Wednesday	43	8.4
Thursday	33	6.5
Friday	29	5.7
I Do Not Know	426	83.4

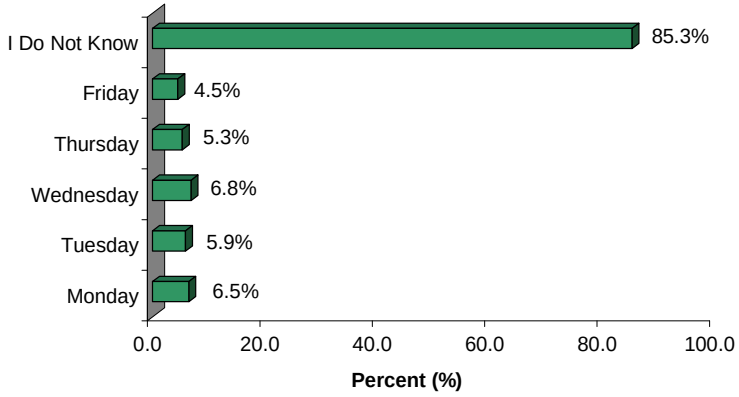
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

Figure 20
What days of the week are <u>Breast Cancer</u> prevention programs available?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Monday	33	6.5
Tuesday	37	7.2
Wednesday	37	7.2
Thursday	31	6.1
Friday	30	5.9
I Do Not Know	429	84.0

Figure 21
What days of the week are <u>Prostate Cancer</u> prevention programs available?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Monday	33	6.5
Tuesday	30	5.9
Wednesday	35	6.8
Thursday	27	5.3
Friday	23	4.5
I Do Not Know	436	85.3

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

- Tables 38 through 42 display the residents' responses in regards to **how frequently prevention programs are offered near their residence**. For each health condition, most respondents said they "do not know."

Table 38

How frequently are prevention programs offered near your residence for Heart Disease?

Afrocentric Resident Questionnaire Respondents, N = 511

Frequency of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	351	68.7
Daily	40	7.8
Never	38	7.4
Monthly	22	4.3
Non-Response	12	2.3
Once a Week	11	2.2
Quarterly	10	2.0
Annually	10	2.0
2 Times a Week	8	1.6
2 Times a Month	7	1.4
Weekends Only	2	0.4
Total	**511**	**100.0**

Table 39

How frequently are prevention programs offered near your residence for High Blood Pressure?

Afrocentric Resident Questionnaire Respondents, N = 511

Frequency of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	345	67.5
Daily	48	9.4
Never	35	6.8
Monthly	23	4.5
Once a Week	11	2.2
2 Times a Week	11	2.2
Quarterly	10	2.0
Annually	10	2.0
Non-Response	10	2.0
2 Times a Month	5	1.0
Weekends Only	3	0.6
Total	**511**	**100.0**

Table 40

How frequently are prevention programs offered near your residence for HIV/AIDS?

Afrocentric Resident Questionnaire Respondents, N = 511

Frequency of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	352	68.9
Daily	40	7.8
Never	38	7.4
Monthly	20	3.9
Non-Response	17	3.3
Once a Week	10	2.0
2 Times a Week	9	1.8
Annually	9	1.8
Quarterly	8	1.6
2 Times a Month	5	1.0
Weekends Only	3	0.6
Total	**511**	**100.0**

Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by Disep Obuge, MPH, Statistician

Table 41
How frequently are prevention programs offered near your residence for Breast Cancer?
Afrocentric Resident Questionnaire Respondents, N = 511

Frequency of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	352	68.9
Daily	43	8.4
Never	36	7.0
Monthly	19	3.7
Non-Response	19	3.7
Annually	11	2.2
Quarterly	9	1.8
2 Times a Week	8	1.6
Once a Week	7	1.4
2 Times a Month	5	1.0
Weekends Only	2	0.4
Total	**511**	**100.0**

Table 42
How frequently are prevention programs offered near your residence for Prostate Cancer?
Afrocentric Resident Questionnaire Respondents, N = 511

Frequency of Prevention Programs Near Residence	Number of Respondents	Percent of Respondents (%)
I Do Not Know	365	71.4
Never	36	7.0
Daily	33	6.5
Monthly	17	3.3
Non-Response	16	3.1
Annually	10	2.0
Quarterly	9	1.8
Once a Week	8	1.6
2 Times a Week	8	1.6
2 Times a Month	6	1.2
Weekends Only	3	0.6
Total	**511**	**100.0**

- Tables 43 through 47 display the residents' responses in regards to what types of problems, if any, they encounter with filling out paperwork at prevention programs. For each health condition, most respondents said "paperwork is not a problem".

Table 43
If you have attended a prevention program for Heart Disease, how was paperwork a problem?
Afrocentric Resident Questionnaire Respondents, N = 511

Types of Problems with Paperwork in Prevention Programs	Number of Respondents	Percent of Respondents (%)
Paperwork is Not a Problem	178	34.8
Non-Response	161	31.5
I Have Disabilities That Require Assistance	57	11.2
I Do Not Like Forms	33	6.5
Asking Questions I Do Not Know	24	4.7
Asking Unnecessary Questions	18	3.5
Asking Questions I Do Not Have Information About	15	2.9
Asking Too Many Personal Questions	12	2.3
I Have Difficulty Understanding the Forms	8	1.6
I Have Difficulty Filling Out the Forms	5	1.0
I Have Difficulty Understanding the Language	0	0.0
Total	**511**	**100.0**

Table 44
If you have attended a prevention program for High Blood Pressure, how was paperwork a problem?
Afrocentric Resident Questionnaire Respondents, N = 511

Types of Problems with Paperwork in Prevention Programs	Number of Respondents	Percent of Respondents (%)
Paperwork is Not a Problem	181	35.4
Non-Response	152	29.7
I Have Disabilities That Require Assistance	59	11.5
I Do Not Like Forms	36	7.0
Asking Questions I Do Not Know	23	4.5
Asking Unnecessary Questions	21	4.1
Asking Questions I Do Not Have Information About	15	2.9
Asking Too Many Personal Questions	9	1.8
I Have Difficulty Understanding the Forms	7	1.4
I Have Difficulty Filling Out the Forms	6	1.2
I Have Difficulty Understanding the Language	2	0.4
Total	**511**	**100.0**

Table 45
If you have attended a prevention program for HIV/AIDS, how was paperwork a problem?
Afrocentric Resident Questionnaire Respondents, N = 511

Types of Problems with Paperwork in Prevention Programs	Number of Respondents	Percent of Respondents (%)
Non-Response	170	33.3
Paperwork is Not a Problem	169	33.1
I Have Disabilities That Require Assistance	58	11.4
I Do Not Like Forms	29	5.7
Asking Questions I Do Not Know	21	4.1
Asking Unnecessary Questions	19	3.7
Asking Questions I Do Not Have Information About	17	3.3
Asking Too Many Personal Questions	14	2.7
I Have Difficulty Understanding the Forms	10	2.0
I Have Difficulty Filling Out the Forms	3	0.6
I Have Difficulty Understanding the Language	1	0.2
Total	**511**	**100.0**

Table 46
If you have attended a prevention program for Breast Cancer, how was paperwork a problem?
Afrocentric Resident Questionnaire Respondents, N = 511

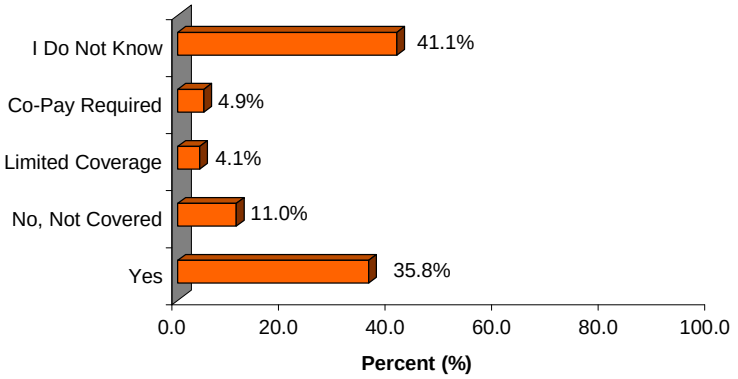
Types of Problems with Paperwork in Prevention Programs	Number of Respondents	Percent of Respondents (%)
Non-Response	171	33.5
Paperwork is Not a Problem	168	32.9
I Have Disabilities That Require Assistance	60	11.7
I Do Not Like Forms	32	6.3
Asking Questions I Do Not Know	21	4.1
Asking Questions I Do Not Have Information About	18	3.5
Asking Unnecessary Questions	15	2.9
I Have Difficulty Understanding the Forms	12	2.3
Asking Too Many Personal Questions	11	2.2
I Have Difficulty Filling Out the Forms	3	0.6
I Have Difficulty Understanding the Language	0	0.0
Total	**511**	**100.0**

Table 47
If you have attended a prevention program for Prostate Cancer, how was paperwork a problem?
Afrocentric Resident Questionnaire Respondents, N = 511

Types of Problems with Paperwork in Prevention Programs	Number of Respondents	Percent of Respondents (%)
Non-Response	173	33.9
Paperwork is Not a Problem	162	31.7
I Have Disabilities That Require Assistance	63	12.3
I Do Not Like Forms	30	5.9
Asking Questions I Do Not Know	23	4.5
Asking Unnecessary Questions	17	3.3
Asking Questions I Do Not Have Information About	17	3.3
Asking Too Many Personal Questions	11	2.2
I Have Difficulty Understanding the Forms	8	1.6
I Have Difficulty Filling Out the Forms	4	0.8
I Have Difficulty Understanding the Language	3	0.6
Total	**511**	**100.0**

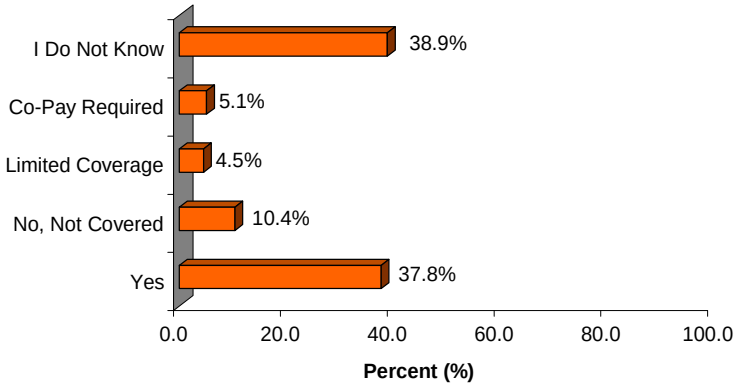
- Figures 22 through 26 display the residents' responses in regards to whether their health insurance covered prevention programs, and if so, to what extent. For each health condition, most respondents (42.5%) said they "do not know." Approximately, 40% of the remainder indicated yes, with limited coverage or co-pay.

Figure 22
If you have insurance, are <u>Heart Disease</u> prevention programs covered?
Afrocentric Resident Questionnaire Respondents, N = 511



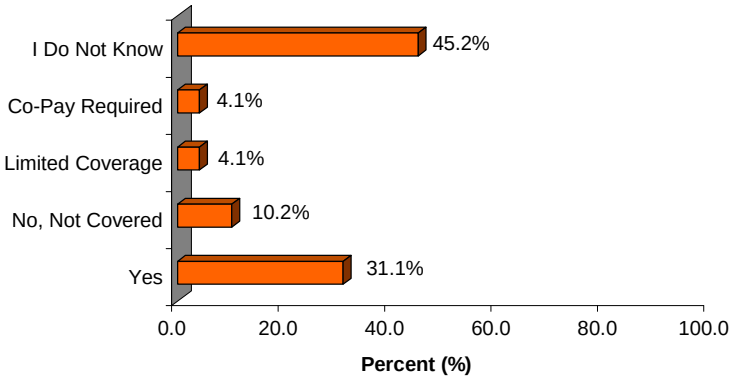
Extent of Health Insurance Coverage for Prevention Programs	Number of Respondents	Percent of Respondents (%)
Yes	183	35.8
No, Not Covered	56	11.0
Limited Coverage	21	4.1
Co-Pay Required	25	4.9
I Do Not Know	210	41.1

Figure 23
If you have insurance, are <u>High Blood Pressure</u> prevention programs covered?
Afrocentric Resident Questionnaire Respondents, N = 511



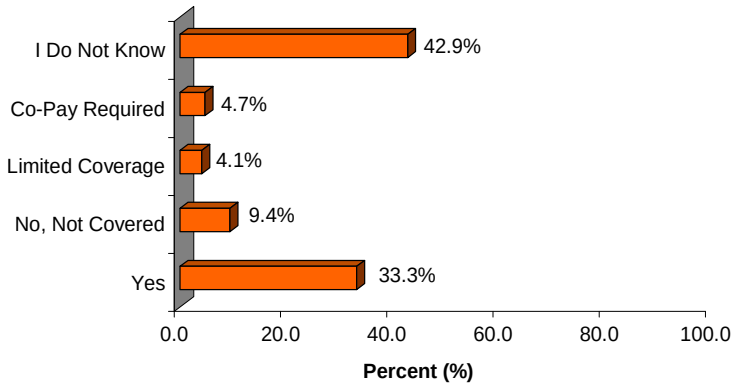
Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Yes	193	37.8
No, Not Covered	53	10.4
Limited Coverage	23	4.5
Co-Pay Required	26	5.1
I Do Not Know	199	38.9

Figure 24
If you have insurance, are <u>HIV/AIDS</u> prevention programs covered?
Afrocentric Resident Questionnaire Respondents, N = 511



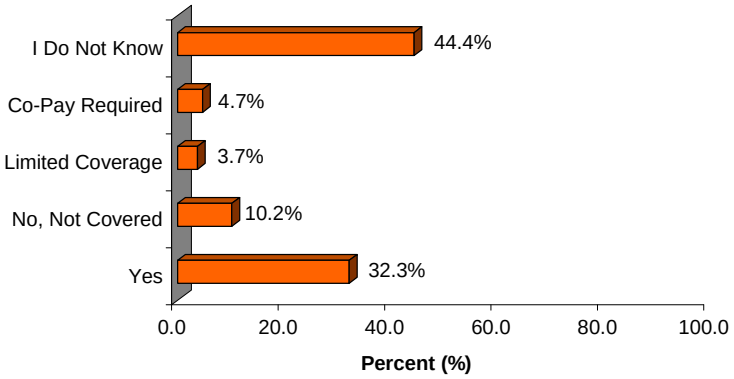
Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Yes	159	31.1
No, Not Covered	52	10.2
Limited Coverage	21	4.1
Co-Pay Required	21	4.1
I Do Not Know	231	45.2

Figure 25
If you have insurance, are <u>Breast Cancer</u> prevention programs covered?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Yes	170	33.3
No, Not Covered	48	9.4
Limited Coverage	21	4.1
Co-Pay Required	24	4.7
I Do Not Know	219	42.9

Figure 26
If you have insurance, are <u>Prostate Cancer</u> prevention programs covered?
Afrocentric Resident Questionnaire Respondents, N = 511



Days Prevention Programs Are Available	Number of Respondents	Percent of Respondents (%)
Yes	165	32.3
No, Not Covered	52	10.2
Limited Coverage	19	3.7
Co-Pay Required	24	4.7
I Do Not Know	227	44.4

- Tables 48 through 52 display the residents' responses in regards to whether cost is a concern for them when considering participation in prevention programs. For each health condition, most respondents said "no, cost is not a concern." However, the remaining 50.5% indicated various responses to "yes" cost is a concern. The yes responses are greater than the no.

Table 48
Is cost a concern when you consider participating in <u>Heart Disease</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Cost Concerns Regarding Participation in Prevention Programs	Number of Respondents	Percent of Respondents (%)
No	244	47.7
Yes, I Do Not Have Money	71	13.9
Yes, Cost Too Much	58	11.4
Yes, Other Reasons	50	9.8
Yes, Insurance Will Not Pay For It	42	8.2
Yes, Co-Pay Too High	37	7.2

Table 49
Is cost a concern when you consider participating in <u>High Blood Pressure</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Cost Concerns Regarding Participation in Prevention Programs	Number of Respondents	Percent of Respondents (%)
No	246	48.1
Yes, I Do Not Have Money	71	13.9
Yes, Cost Too Much	57	11.2
Yes, Other Reasons	49	9.6
Yes, Insurance Will Not Pay For It	44	8.6
Yes, Co-Pay Too High	36	7.0

Table 50
Is cost a concern when you consider participating in <u>HIV/AIDS</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Cost Concerns Regarding Participation in Prevention Programs	Number of Respondents	Percent of Respondents (%)
No	236	46.2
Yes, I Do Not Have Money	67	13.1
Yes, Other Reasons	55	10.8
Yes, Cost Too Much	52	10.2
Yes, Insurance Will Not Pay For It	42	8.2
Yes, Co-Pay Too High	35	6.8

Table 51
Is cost a concern when you consider participating in <u>Breast Cancer</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

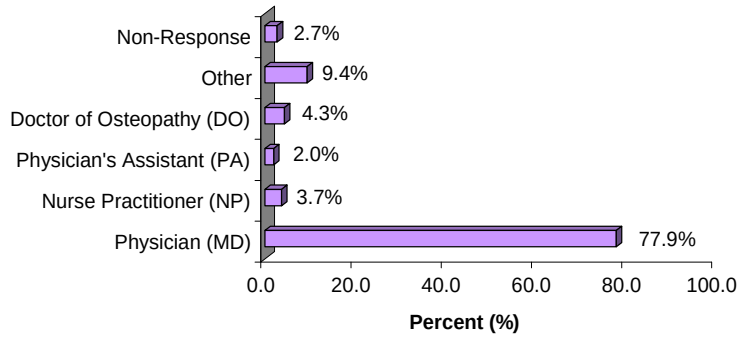
Cost Concerns Regarding Participation in Prevention Programs	Number of Respondents	Percent of Respondents (%)
No	231	45.2
Yes, I Do Not Have Money	67	13.1
Yes, Other Reasons	58	11.4
Yes, Cost Too Much	55	10.8
Yes, Insurance Will Not Pay For It	40	7.8
Yes, Co-Pay Too High	34	6.7

Table 52
Is cost a concern when you consider participating in <u>Prostate Cancer</u> prevention programs?
Afrocentric Resident Questionnaire Respondents, N = 511

Cost Concerns Regarding Participation in Prevention Programs	Number of Respondents	Percent of Respondents (%)
No	232	45.4
Yes, I Do Not Have Money	70	13.7
Yes, Other Reasons	56	11.0
Yes, Cost Too Much	54	10.6
Yes, Insurance Will Not Pay For It	41	8.0
Yes, Co-Pay Too High	33	6.5

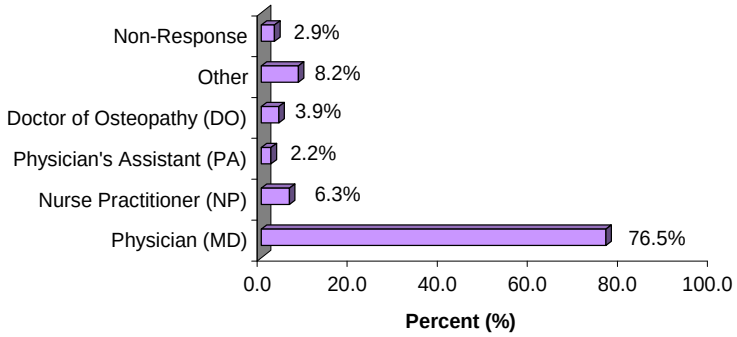
- Figures 27 through 31 display the residents' responses in regards to what type of healthcare provider they preferred. Across all health conditions, an average of 74.2% of the responses indicated a preference for a physician (MD).

Figure 27
What type of healthcare provider do you prefer for <u>Heart Disease</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



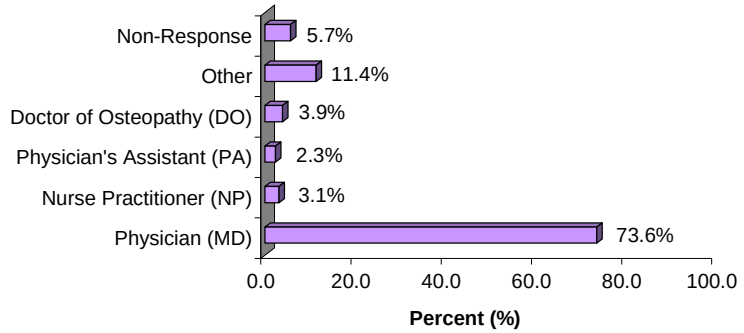
Type of Healthcare Provider Preferred	Number of Respondents	Percent of Respondents (%)
Physician (MD)	398	77.9
Nurse Practitioner (NP)	19	3.7
Physician's Assistant (PA)	10	2.0
Doctor of Osteopathy (DO)	22	4.3
Other	48	9.4
Non-Response	14	2.7
Total	**511**	**100.0**

Figure 28
What type of healthcare provider do you prefer for <u>High Blood Pressure</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



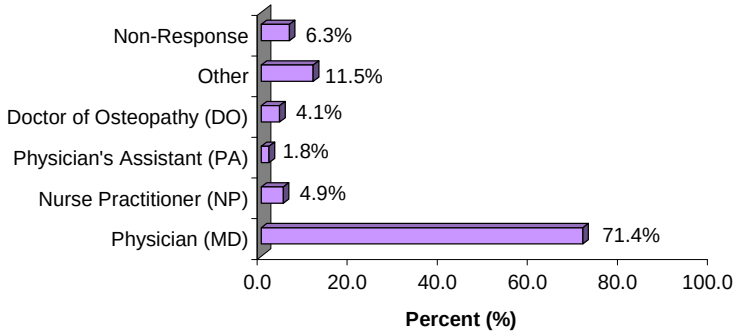
Type of Healthcare Provider Preferred	Number of Respondents	Percent of Respondents (%)
Physician (MD)	391	76.5
Nurse Practitioner (NP)	32	6.3
Physician's Assistant (PA)	11	2.2
Doctor of Osteopathy (DO)	20	3.9
Other	42	8.2
Non-Response	15	2.9
Total	**511**	**100.0**

Figure 29
What type of healthcare provider do you prefer for <u>HIV/AIDS</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



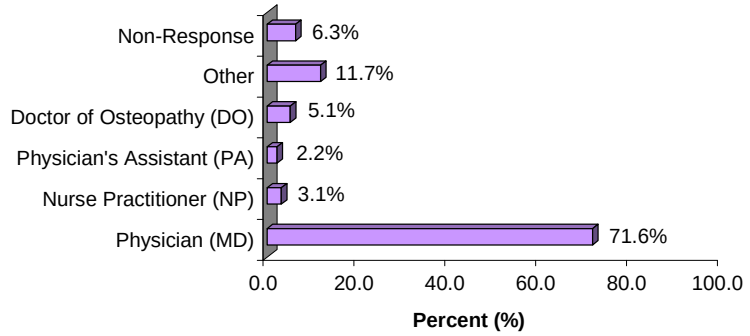
Type of Healthcare Provider Preferred	Number of Respondents	Percent of Respondents (%)
Physician (MD)	376	73.6
Nurse Practitioner (NP)	16	3.1
Physician's Assistant (PA)	12	2.3
Doctor of Osteopathy (DO)	20	3.9
Other	58	11.4
Non-Response	29	5.7
Total	**511**	**100.0**

Figure 30
What type of healthcare provider do you prefer for <u>Breast Cancer</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



Type of Healthcare Provider Preferred	Number of Respondents	Percent of Respondents (%)
Physician (MD)	365	71.4
Nurse Practitioner (NP)	25	4.9
Physician's Assistant (PA)	9	1.8
Doctor of Osteopathy (DO)	21	4.1
Other	59	11.5
Non-Response	32	6.3
Total	**511**	**100.0**

Figure 31
What type of healthcare provider do you prefer for <u>Prostate Cancer</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



Type of Healthcare Provider Preferred	Number of Respondents	Percent of Respondents (%)
Physician (MD)	366	71.6
Nurse Practitioner (NP)	16	3.1
Physician's Assistant (PA)	11	2.2
Doctor of Osteopathy (DO)	26	5.1
Other	60	11.7
Non-Response	32	6.3
Total	**511**	**100.0**

- Tables 53 through 57 display the residents' responses in regards to what program structure is most helpful to their **learning style**. For each health condition, most respondents said "one-on-one counseling."

Table 53
Which program structure is most helpful to your learning style for <u>Heart Disease</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

Program Structure	Number of Respondents	Percent of Respondents (%)
One-on-one Counseling	145	28.4
I Do Not Know	86	16.8
Seminar Style	63	12.3
Workshop Style	59	11.5
Multi-Media (TV, Radio, Internet)	31	6.1
Ongoing Classes	30	5.9
Non-Response	29	5.7
Support Group Style	26	5.1
Presentation Style	23	4.5
Lectures	10	2.0
Other	9	1.8
Total	**511**	**100.0**

Table 54
Which program structure is most helpful to your learning style for <u>High Blood Pressure</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

Program Structure	Number of Respondents	Percent of Respondents (%)
One-on-one Counseling	151	29.5
I Do Not Know	79	15.5
Workshop Style	57	11.2
Seminar Style	55	10.8
Ongoing Classes	37	7.2
Non-Response	31	6.1
Multi-Media (TV, Radio, Internet)	29	5.7
Presentation Style	24	4.7
Support Group Style	23	4.5
Lectures	16	3.1
Other	9	1.8
Total	**511**	**100.0**

Table 55
Which program structure is most helpful to your learning style for <u>HIV/AIDS</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

Program Structure	Number of Respondents	Percent of Respondents (%)
One-on-one Counseling	143	28.0
I Do Not Know	89	17.4
Seminar Style	52	10.2
Workshop Style	48	9.4
Non-Response	41	8.0
Support Group Style	33	6.5
Ongoing Classes	29	5.7
Multi-Media (TV, Radio, Internet)	28	5.5
Presentation Style	24	4.7
Lectures	13	2.5
Other	11	2.2
Total	**511**	**100.0**

Table 56
Which program structure is most helpful to your learning style for <u>Breast Cancer</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

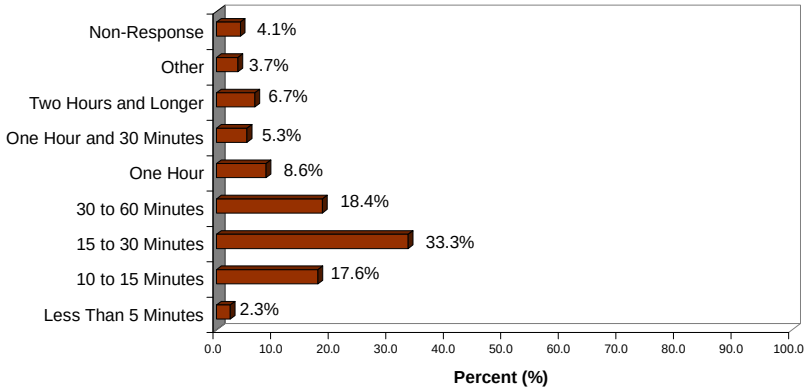
Program Structure	Number of Respondents	Percent of Respondents (%)
One-on-one Counseling	142	27.8
I Do Not Know	86	16.8
Workshop Style	52	10.2
Seminar Style	48	9.4
Non-Response	46	9.0
Support Group Style	39	7.6
Ongoing Classes	27	5.3
Multi-Media (TV, Radio, Internet)	27	5.3
Presentation Style	22	4.3
Lectures	12	2.3
Other	10	2.0
Total	**511**	**100.0**

Table 57
Which program structure is most helpful to your learning style for <u>Prostate Cancer</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

Program Structure	Number of Respondents	Percent of Respondents (%)
One-on-one Counseling	135	26.4
I Do Not Know	100	19.6
Workshop Style	52	10.2
Seminar Style	50	9.8
Non-Response	39	7.6
Support Group Style	34	6.7
Multi-Media (TV, Radio, Internet)	28	5.5
Ongoing Classes	26	5.1
Presentation Style	25	4.9
Lectures	11	2.2
Other	11	2.2
Total	**511**	**100.0**

- Most of the respondents reported waiting 15 to 30 minutes before seeing the physician or healthcare provider when going in for an office visit (Figure 32).

Figure 32
When you go in for an office visit, how long do you have to wait before you go in to see the physician or your healthcare provider?
Afrocentric Resident Questionnaire Respondents, N = 511

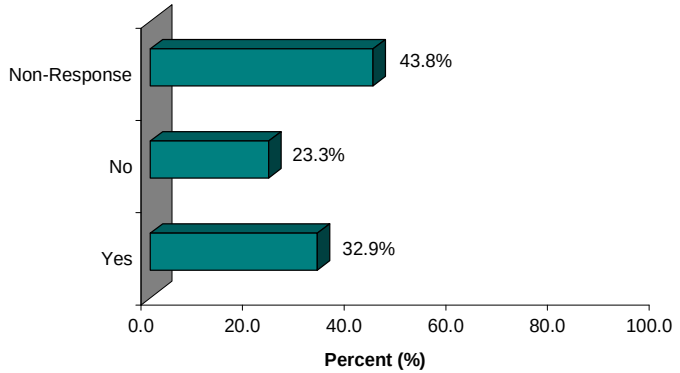


Note: There were over-lapping time categories for this question. This was an error during survey development.

- Figures 33 through 37 display the residents' responses in regards to whether HIV prevention programs are offered near their residence. For each target population, most respondents did not answer the question; however, when answered, the most frequent answer was "yes."

Note: During survey administration, many respondents wrote in the margin, "I do not know."

Figure 33
Are HIV prevention programs offered near your residence for <u>Teens (13-19 years old)</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

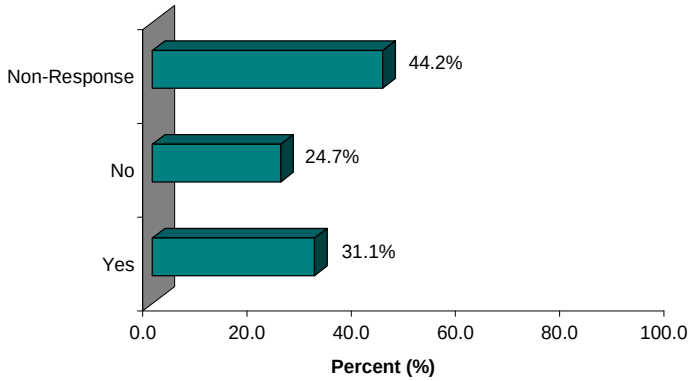


HIV Prevention Programs Being Offered	Number of Respondents	Percent of Respondents (%)
Yes	168	32.9
No	119	23.3
Non-Response	224	43.8
Total	**511**	**100.0**

Figure 34

Are HIV prevention programs offered near your residence for Adults (20-59 years old)?

Afrocentric Resident Questionnaire Respondents, N = 511

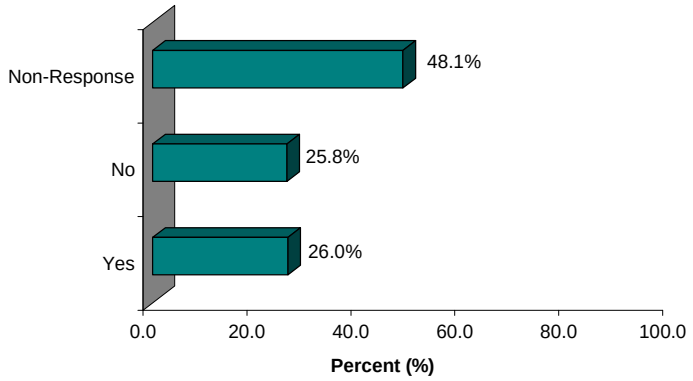


HIV Prevention Programs Being Offered	Number of Respondents	Percent of Respondents (%)
Yes	159	31.1
No	126	24.7
Non-Response	226	44.2
Total	**511**	**100.0**

Figure 35

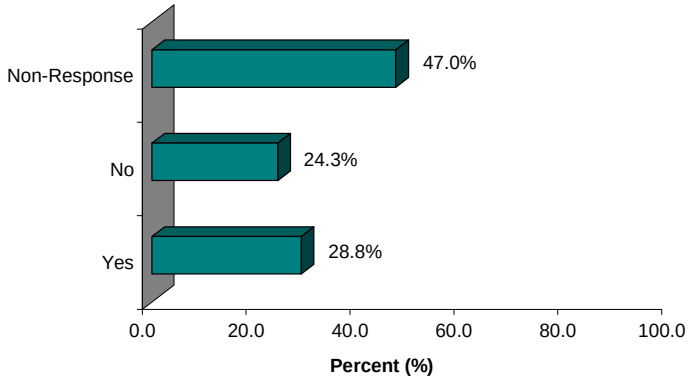
Are HIV prevention programs offered near your residence for Senior Adults (60 years old and above)?

Afrocentric Resident Questionnaire Respondents, N = 511



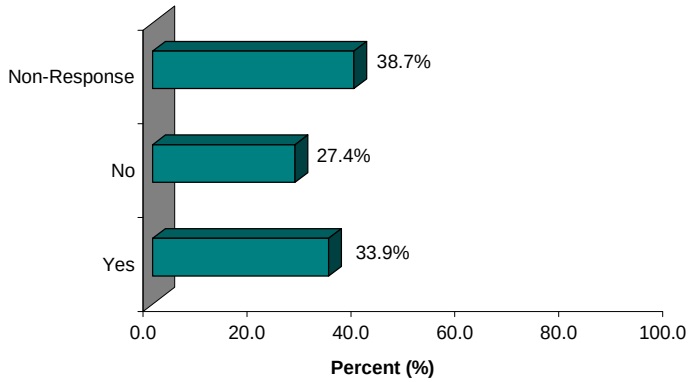
HIV Prevention Programs Being Offered	Number of Respondents	Percent of Respondents (%)
Yes	133	26.0
No	132	25.8
Non-Response	246	48.1
Total	**511**	**100.0**

Figure 36
Are HIV prevention programs offered near your residence for <u>High-Risk Persons</u> <u>(IV drug users, sex workers, multiple sex partners)</u>?
Afrocentric Resident Questionnaire Respondents, N = 511



HIV Prevention Programs Being Offered	Number of Respondents	Percent of Respondents (%)
Yes	147	28.8
No	124	24.3
Non-Response	240	47.0
Total	**511**	**100.0**

Figure 37
<u>I Do Not Know</u> if there are HIV prevention programs offered near my residence.
Afrocentric Resident Questionnaire Respondents, N = 511



HIV Prevention Programs Being Offered	Number of Respondents	Percent of Respondents (%)
Yes	173	33.9
No	140	27.4
Non-Response	198	38.7
Total	**511**	**100.0**

- Tables 58 through 62 display the residents' responses in regards to whether HIV prevention programs near their residence are appropriate for Black/African Americans. For each target population, most respondents did not answer the question; however, when answered, the most frequent answer was "no" in almost all cases.

Table 58

In your opinion, are HIV prevention programs near your residence appropriate for Black/African Americans for Teens (13-19 years old)?

Afrocentric Resident Questionnaire Respondents, N = 511

HIV Prevention Programs Being Appropriate	Number of Respondents	Percent of Respondents (%)
Yes	127	24.9
No	133	26.0
Non-Response	251	49.1
Total	**511**	**100.0**

Table 59

In your opinion, are HIV prevention programs near your residence appropriate for Black/African Americans for Adults (20-59 years old)?

Afrocentric Resident Questionnaire Respondents, N = 511

HIV Prevention Programs Being Appropriate	Number of Respondents	Percent of Respondents (%)
Yes	134	26.2
No	125	24.5
Non-Response	252	49.3
Total	**511**	**100.0**

Table 60

In your opinion, are HIV prevention programs near your residence appropriate for Black/African Americans for Senior Adults (60 years old and above)?

Afrocentric Resident Questionnaire Respondents, N = 511

HIV Prevention Programs Being Appropriate	Number of Respondents	Percent of Respondents (%)
Yes	113	22.1
No	134	26.2
Non-Response	264	51.7
Total	**511**	**100.0**

Table 61

In your opinion, are HIV prevention programs near your residence appropriate for Black/African Americans for High-Risk Persons (IV drug users, sex workers, multiple sex partners)?

Afrocentric Resident Questionnaire Respondents, N = 511

HIV Prevention Programs Being Appropriate	Number of Respondents	Percent of Respondents (%)
Yes	120	23.5
No	131	25.6
Non-Response	260	50.9
Total	**511**	**100.0**

Table 62
I Do Not Know if HIV prevention programs near my residence are appropriate for Black/African Americans.
Afrocentric Resident Questionnaire Respondents, N = 511

HIV Prevention Programs Being Appropriate	Number of Respondents	Percent of Respondents (%)
Yes	188	36.8
No	141	27.6
Non-Response	182	35.6
Total	**511**	**100.0**

- Table 63 displays the residents' responses in regards to whether confidentiality of HIV services are offered. Most respondents answered "yes" (39.9%).

Table 63
Is confidentiality of HIV services offered by these programs?
Afrocentric Resident Questionnaire Respondents, N = 511

	Number of Respondents	Percent of Respondents (%)
Yes	204	39.9
Non-Response	177	34.6
No	130	25.4
Total	**511**	**100.0**

- Table 64 displays the residents' responses in regards to whether they are comfortable with the HIV prevention programs being offered. Most respondents answered "yes" (35.2%).

Table 64
Are you comfortable with the way HIV prevention programs are offered?
Afrocentric Resident Questionnaire Respondents, N = 511

	Number of Respondents	Percent of Respondents (%)
Yes	180	35.2
Non-Response	173	33.9
No	158	30.9
Total	**511**	**100.0**

- Table 65 displays the residents' responses in regards to whether they like the HIV prevention programs being offered. Most respondents answered "yes" (36.8%).

Table 65
Do you like the HIV prevention programs offered?
Afrocentric Resident Questionnaire Respondents, N = 511

	Number of Respondents	Percent of Respondents (%)
Yes	188	36.8
Non-Response	182	35.6
No	141	27.6
Total	**511**	**100.0**

- Tables 66 through 70 display the residents' responses in regards to what their ethnic/racial and gender preferences are for a healthcare provider. All cross all conditions **25% indicated they are "not concerned about either gender or ethnicity."** The second highest response was preference for a "Black/African American female" (21.1%).

Table 66
For Heart Disease, what is your ethnic/racial preference for a healthcare provider?
Afrocentric Resident Questionnaire Respondents, N = 511

Provider Category Preferred	Number of Respondents	Percent of Respondents (%)
I Am Not Concerned About Either Gender or Ethnicity	132	25.8
Black/African American Female	118	23.1
Either Black/African American Male or Female	56	11.0
Black/African American Male	49	9.6
I Do Not Care About Ethnicity	48	9.4
Non-Response	46	9.0
I Do Not Go to Healthcare Providers	27	5.3
I Do Not Care About Gender	20	3.9
White Male	5	1.0
White Female	3	0.6
Either White Male or Female	2	0.4
Other Ethnicity Female	2	0.4
Latina Female	1	0.2
Other Ethnicity Male	1	0.2
Other Ethnicity Female or Male	1	0.2
Latino Male	0	0.0
Either Latino Male or Female	0	0.0
Total	**511**	**100.0**

Table 67
For High Blood Pressure, what is your ethnic/racial preference for a healthcare provider?
Afrocentric Resident Questionnaire Respondents, N = 511

Provider Category Preferred	Number of Respondents	Percent of Respondents (%)
I Am Not Concerned About Either Gender or Ethnicity	130	25.4
Black/African American Female	107	20.9
Either Black/African American Male or Female	60	11.7
Black/African American Male	59	11.5
Non-Response	51	10.0
I Do Not Care About Ethnicity	50	9.8
I Do Not Go to Healthcare Providers	24	4.7
I Do Not Care About Gender	18	3.5
White Male	4	0.8
Either White Male or Female	3	0.6
White Female	2	0.4
Other Ethnicity Female	2	0.4
Latina Female	1	0.2
Latino Male	0	0.0
Either Latino Male or Female	0	0.0
Other Ethnicity Male	0	0.0
Other Ethnicity Female or Male	0	0.0
Total	**511**	**100.0**

Table 68

For HIV/AIDS, what is your ethnic/racial preference for a healthcare provider?

Afrocentric Resident Questionnaire Respondents, N = 511

Provider Category Preferred	Number of Respondents	Percent of Respondents (%)
I Am Not Concerned About Either Gender or Ethnicity	132	25.8
Black/African American Female	104	20.4
Non-Response	65	12.7
Either Black/African American Male or Female	57	11.2
I Do Not Care About Ethnicity	52	10.2
Black/African American Male	42	8.2
I Do Not Go to Healthcare Providers	26	5.1
I Do Not Care About Gender	17	3.3
Either White Male or Female	6	1.2
White Male	4	0.8
White Female	2	0.4
Latina Female	1	0.2
Either Latino Male or Female	1	0.2
Other Ethnicity Female	1	0.2
Other Ethnicity Female or Male	1	0.2
Latino Male	0	0.0
Other Ethnicity Male	0	0.0
Total	**511**	**100.0**

Table 69

For Breast Cancer, what is your ethnic/racial preference for a healthcare provider?

Afrocentric Resident Questionnaire Respondents, N = 511

Provider Category Preferred	Number of Respondents	Percent of Respondents (%)
Black/African American Female	131	25.6
I Am Not Concerned About Either Gender or Ethnicity	125	24.5
Non-Response	70	13.7
I Do Not Care About Ethnicity	52	10.2
Either Black/African American Male or Female	48	9.4
Black/African American Male	27	5.3
I Do Not Go to Healthcare Providers	26	5.1
I Do Not Care About Gender	16	3.1
White Female	6	1.2
White Male	4	0.8
Either White Male or Female	2	0.4
Latino Male	1	0.2
Other Ethnicity Male	1	0.2
Other Ethnicity Female	1	0.2
Other Ethnicity Female or Male	1	0.2
Latina Female	0	0.0
Either Latino Male or Female	0	0.0
Total	**511**	**100.0**

Table 70
For Prostate Cancer, what is your ethnic/racial preference for a healthcare provider?
Afrocentric Resident Questionnaire Respondents, N = 511

Provider Category Preferred	Number of Respondents	Percent of Respondents (%)
I Am Not Concerned About Either Gender or Ethnicity	129	25.2
Black/African American Female	86	16.8
Black/African American Male	65	12.7
Non-Response	63	12.3
Either Black/African American Male or Female	52	10.2
I Do Not Care About Ethnicity	51	10.0
I Do Not Go to Healthcare Providers	27	5.3
I Do Not Care About Gender	19	3.7
White Male	6	1.2
Latina Female	3	0.6
White Female	3	0.6
Other Ethnicity Male	3	0.6
Either White Male or Female	2	0.4
Latino Male	1	0.2
Other Ethnicity Female	1	0.2
Either Latino Male or Female	0	0.0
Other Ethnicity Female or Male	0	0.0
Total	**511**	**100.0**

- Table 71 displays the residents' responses in regards to what **things they are concerned about** regarding their healthcare provider, other than gender or race/ethnicity. Respondents wrote in their answers. Most responses reflect a preference for **competence, knowledge, professionalism and an experienced** (12.5%) provider. Secondarily, other qualities related to relationships, such as caring, compassion, and concern.

Table 71
If you do not care about gender or ethnicity/race, what do you care about regarding your healthcare provider?
Afrocentric Resident Questionnaire Respondents, N = 511

Areas of Concern Regarding Healthcare Providers	Number of Respondents	Percent of Respondents (%)
Competent/Knowledgeable/Experienced Healthcare Provider	64	12.5
Other	46	9.0
Concerned/Caring/Compassionate Healthcare Provider	28	5.5
Level of Education/Informed about Current Medical Treatments and Practices	16	3.1
Attentive Healthcare Provider/Good Listener	12	2.3
Excellent Service Given by Healthcare Provider	11	2.2
Healthcare Provider Who is Professional	8	1.6
Receiving Proper and Correct Medical Information from Healthcare Provider	7	1.4
A Good Healthcare Provider	6	1.2
Healthcare Provider Who Understands Health Issues Among Blacks	6	1.2
Honest and Truthful Healthcare Provider	5	1.0
Helpfulness of Healthcare Provider	5	1.0
Level of Comfort with Healthcare Provider	3	0.6
Healthcare Provider Practices Quality Care	3	0.6
Efficiency of Healthcare Provider	3	0.6
Affordable Cost of Healthcare Provider	3	0.6
Receiving Correct Medical Treatment from Healthcare Provider	3	0.6
Communication Effectiveness of Healthcare Provider	2	0.4
Licensed Healthcare Provider	2	0.4
Christian Healthcare Provider	2	0.4
Unbiased/Fair Provider	1	0.2
Healthcare Provider Who is Respectful	1	0.2
Cleanliness of Healthcare Provider	1	0.2
Healthcare Provider that Cater to Low-Income Families	1	0.2
Non-Response	272	53.2
Total	**511**	**100.0**

- Tables 72 through 76display the residents' responses in regards to what **reasons they do not seek preventive services**. For each health condition, most respondents indicated that "trust," "waiting time," and a [lack of a] caring provider was reasons why they do not seek preventive services. Please note that for each health condition, approximately 90% or more of the respondents did not answer.

Table 72
What are some of the reasons why you are reluctant to seek preventive services for Heart Disease?
Afrocentric Resident Questionnaire Respondents, N = 511

Reason For Not Seeking Preventive Services	Number of Respondents	Percent of Respondents (%)
Trust	90	17.6
Waiting Time	88	17.2
Caring Provider	71	13.9
Overbooking Appointments	50	9.8
Limited Access to Location	46	9.0
Staff Attitude	46	9.0
Transportation	42	8.2
Language	38	7.4
Not Wanting to Be Around Sick People	33	6.5
User Friendly System	30	5.9
Cultural Incompetence	26	5.1
Provider Reputation	22	4.3
Perceived Racism by Staff	20	3.9
Perceived Racism by Provider	17	3.3
Secure Safe Environment	16	3.1
Perceived Racism by Institution	13	2.5

Note: Most respondents indicated during questionnaire administration that they were not reluctant in seeking prevention services.

Table 73
What are some of the reasons why you are reluctant to seek preventive services for High Blood Pressure?
Afrocentric Resident Questionnaire Respondents, N = 511

Reason For Not Seeking Preventive Services	Number of Respondents	Percent of Respondents (%)
Waiting Time	79	15.5
Trust	71	13.9
Caring Provider	65	12.7
Limited Access to Location	47	9.2
Overbooking Appointments	47	9.2
Staff Attitude	40	7.8
Transportation	39	7.6
Not Wanting to Be Around Sick People	31	6.1
Language	28	5.5
Cultural Incompetence	27	5.3
User Friendly System	27	5.3
Provider Reputation	21	4.1
Perceived Racism by Staff	20	3.9
Perceived Racism by Provider	16	3.1
Perceived Racism by Institution	12	2.3
Secure Safe Environment	11	2.2

Table 74
What are some of the reasons why you are reluctant to seek preventive services for HIV/AIDS?
Afrocentric Resident Questionnaire Respondents, N = 511

Reason For Not Seeking Preventive Services	Number of Respondents	Percent of Respondents (%)
Trust	82	16.0
Waiting Time	68	13.3
Caring Provider	63	12.3
Overbooking Appointments	40	7.8
Limited Access to Location	39	7.6
Not Wanting to Be Around Sick People	39	7.6
Staff Attitude	37	7.2
Transportation	34	6.7
User Friendly System	29	5.7
Language	28	5.5
Cultural Incompetence	24	4.7
Provider Reputation	19	3.7
Perceived Racism by Staff	17	3.3
Perceived Racism by Provider	15	2.9
Secure Safe Environment	12	2.3
Perceived Racism by Institution	12	2.3

Table 75
What are some of the reasons why you are reluctant to seek preventive services for Breast Cancer?
Afrocentric Resident Questionnaire Respondents, N = 511

Reason For Not Seeking Preventive Services	Number of Respondents	Percent of Respondents (%)
Trust	75	14.7
Waiting Time	69	13.5
Caring Provider	63	12.3
Limited Access to Location	40	7.8
Overbooking Appointments	39	7.6
Staff Attitude	37	7.2
Transportation	34	6.7
Not Wanting to Be Around Sick People	29	5.7
Language	28	5.5
Provider Reputation	22	4.3
Cultural Incompetence	21	4.1
User Friendly System	21	4.1
Perceived Racism by Staff	17	3.3
Perceived Racism by Provider	16	3.1
Secure Safe Environment	14	2.7
Perceived Racism by Institution	10	2.0

Table 76
What are some of the reasons why you are reluctant to seek preventive services for <u>Prostate Cancer</u>?
Afrocentric Resident Questionnaire Respondents, N = 511

Reason For Not Seeking Preventive Services	Number of Respondents	Percent of Respondents (%)
Trust	73	14.3
Waiting Time	70	13.7
Caring Provider	61	11.9
Limited Access to Location	42	8.2
Staff Attitude	36	7.0
Overbooking Appointments	36	7.0
Transportation	35	6.8
Not Wanting to Be Around Sick People	30	5.9
Language	28	5.5
Cultural Incompetence	25	4.9
User Friendly System	25	4.9
Provider Reputation	20	3.9
Perceived Racism by Staff	17	3.3
Perceived Racism by Provider	15	2.9
Perceived Racism by Institution	14	2.7
Secure Safe Environment	9	1.8

Note: Respondents may have checked more than one answer.

- When asked to rate their experience, or the experiences of someone they knew who had participated in prevention programs, respondents rated the following **<u>Heart Disease Prevention Programs</u>**:

➢ **Education Programs:**
43 (8.4%) *poor*
60 (11.7%) *fair*
119 (23.3%) *good*
37 (7.2%) *excellent*
207 (40.5%) *not sure* how to rate.

➢ **Screening Programs:**
36 (7.0%) *poor*
58 (11.4%) *fair*
97 (19.0%) *good*
31 (6.1%) *excellent*
234 (45.8%) *not sure* how to rate

➢ **Physical Activity Program:**
34 (6.7%) *poor*
59 (11.5%) *fair*
106 (20.7%) *good*
36 (7.0%) *excellent*
223 (43.6%) *not sure* how to rate

➢ **Stress Management Programs:**
45 (8.8%) *poor*
65 (12.7%) *fair*
91 (17.8%) *good*
26 (5.1%) *excellent*
223 (43.6%) *not sure* how to rate

- **Nutrition Programs:**
  - 39 (7.6%) *poor*
  - 57 (11.2%) *fair*
  - 128 (25.0%) *good*
  - 39 (7.6%) *excellent*
  - 187 (36.6%) *not sure* how to rate

- **Tobacco Use Programs:**
  - 54 (10.6%) *poor*
  - 52 (10.2%) *fair*
  - 100 (19.6%) *good*
  - 42 (8.2%) *excellent*
  - 203 (39.7%) *not sure* how to rate

- **Cholesterol Check Programs:**
  - 45 (8.8%) *poor*
  - 47 (9.2%) *fair*
  - 113 (22.1%) *good*
  - 44 (8.6%) *excellent*
  - 203 (39.7%) *not sure* how to rate

- **Blood Pressure Check Programs:**
  - 29 (5.7%) *poor*
  - 59 (11.5%) *fair*
  - 129 (25.2%) *good*
  - 65 (12.7%) *excellent*
  - 181 (35.4%) *not sure* how to rate

- **Alcohol Abuse Programs**:
  - 43 (8.4%) *poor*
  - 41 (8.0%) *fair*
  - 86 (16.8%) *good*
  - 40 (7.8%) *excellent*
  - 235 (46.0%) *not sure* how to rate

- **Non-prescription Drug Use Programs:**
  - 46 (9.0%) *poor*
  - 40 (7.8%) *fair*
  - 79 (15.5%) *good*
  - 31 (6.1%) *excellent*
  - 245 (47.9%) *not sure* how to rate

- **Program Leader's Cultural Appropriateness:**
  - 46 (9.0%) *poor*
  - 39 (7.6%) *fair*
  - 65 (12.7%) *good*
  - 27 (5.3%) *excellent*
  - 265 (51.9%) *not sure* how to rate

- **Information Programs:**
  - 38 (7.4%) *poor*
  - 52 (10.2%) *fair*
  - 110 (21.5%) *good*
  - 36 (7.0%) *excellent*
  - 210 (41.1%) *not sure* how to rate

- **Media Outreach Programs:**
  - 48 (9.4%) *poor*
  - 53 (10.4%) *fair*
  - 80 (15.7%) *good*
  - 25 (4.9%) *excellent*
  - 240 (47.0%) *not sure* how to rate

- When asked to rate their experience, or the experiences of someone they knew who had participated in prevention programs, respondents rated **High Blood Pressure Prevention Programs** as such:

  - **Education Programs**
    - 39 (7.6%) *poor*
    - 59 (11.5%) *fair*
    - 145 (28.4%) *good*
    - 55 (10.8%) *excellent*
    - 169 (33.1%) *not sure* how to rate

  - **Screening Programs**
    - 34 (6.7%) *poor*
    - 59 (11.5%) *fair*
    - 122 (23.9%) *good*
    - 52 (10.2%) *excellent*
    - 197 (38.6%) *not sure* how to rate

  - **Physical Activity Programs**
    - 33 (6.5%) *poor*
    - 59 (11.5%) *fair*
    - 120 (23.5%) *good*
    - 50 (9.8%) *excellent*
    - 199 (38.9%) *not sure* how to rate them

  - **Stress Management Programs**
    - 43 (8.4%) *poor*
    - 58 (11.4%) *fair*
    - 113 (22.1%) *good*
    - 46 (9.0%) *excellent*
    - 198 (38.7%) *not sure* how to rate

  - **Nutrition Programs**
    - 36 (7.0%) *poor*
    - 63 (12.3%) *fair*
    - 134 (26.2%) *good*
    - 48 (9.4%) *excellent*
    - 178 (34.8%) *not sure* how to rate

  - **Tobacco Use Programs**
    - 42 (8.2%) *poor*
    - 59 (11.5%) *fair*
    - 99 (19.4%) *good*
    - 46 (9.0%) *excellent*
    - 206 (40.3%) *not sure* how to rate

- **Cholesterol Check Programs**
  - 41 (8.0%) *poor*
  - 54 (10.6%) *fair*
  - 122 (23.9%) *good*
  - 57 (11.2%) *excellent*
  - 187 (36.6%) were *not sure* how to rate

- **Blood Pressure Check Programs**
  - 43 (8.4%) *poor*
  - 48 (9.4%) *fair*
  - 132 (25.8%) *good*
  - 64 (12.5%) *excellent*
  - 177 (34.6%) *not sure* how to rate

- **Alcohol Abuse Program**
  - 47 (9.2%) *poor*,
  - 44 (8.6%) *fair*
  - 97 (19.0%) *good*
  - 38 (7.4%) *excellent*
  - 221 (43.2%) *not sure* how to rate

- **Non-prescription Drug Use Programs**
  - 47 (9.2%) *poor*
  - 49 (9.6%) *fair*
  - 84 (16.4%) *good*
  - 36 (7.0%) *excellent*
  - 234 (45.8%) *not sure* how to rate

- **Program Leader's Cultural Appropriateness**
  - 43 (8.4%) *poor*
  - 52 (10.2%) *fair*
  - 81 (15.9%) *good*
  - 38 (7.4%) *excellent*
  - 234 (45.8%) *not sure* how to rate

- **Information Programs**
  - 38 (7.4%) *poor*
  - 55 (10.8%) *fair*,
  - 126 (24.7%) *good*,
  - 48 (9.4%) *excellent*
  - 186 (36.4%) *not sure* how to rate

- **Media Outreach Programs**
  - 51 (10.0%) *poor*
  - 55 (10.8%) *fair*
  - 89 (17.4%) *good*
  - 35 (6.8%) *excellent*
  - 224 (43.8%) *not sure* how to rate

- When asked to rate their experience, or the experiences of someone they knew who had participated in prevention programs, respondents rated **Breast Cancer Prevention Programs** as such:

  - **Education Programs**
    54 (10.6%) *poor*
    44 (8.6%) *fair*
    109 (21.3%) *good*
    43 (8.4%) *excellent*
    207 (40.5%) *not sure* how to rate

  - **Screening Programs (such as mammography)**
    42 (8.2%) *poor*
    6 (9.0%) *fair*
    99 (19.4%) *good*
    47 (9.2%) *excellent*
    219 (42.9%) *not sure* how to rate

  - **Stress Management Programs**
    51 (10.0%) *poor*
    43 (8.4%) *fair*
    84 (16.4%) *good*
    31 (6.1%) *excellent*
    241 (47.2%) *not sure* how to rate

  - **Nutrition Programs**
    47 (9.2%) *poor*
    45 (8.8%) *fair*
    91 (17.8%) *good*
    38 (7.4%) *excellent*
    227 (44.4%) *not sure* how to rate

  - **Tobacco Use Programs**
    50 (9.8%) *poor*
    37 (7.2%) *fair*
    91 (17.8%) *good*
    28 (5.5%) *excellent*
    240 (47.0%) *not sure* how to rate

  - **Self-breast Exam Programs**
    40 7.8%) *poor*
    45 (8.8%) *fair*
    104 (20.4%) *good*
    49 (9.6%) *excellent*
    215 (42.1%) *not sure* how to rate

  - **Clinical Breast Exam Programs**
    42 (8.2%) *poor*
    42 (8.2%) *fair*
    99 (19.4%) *good*
    42 (8.2%) *excellent*
    224 (43.8%) *not sure* how to rate them.

- **Program Leader's Cultural Appropriateness**
  - 48 (9.4%) *poor*
  - 36 (7.0%) *fair*
  - 72 (14.1%) *good*
  - 26 (5.1%) *excellent*
  - 260 (50.9%) *not sure* how to rate

- **Non-prescription Drug Use Programs**
  - 55 (10.8%) *poor*
  - 36 (7.0%) *fair*
  - 73 (14.3%) *good*
  - 25 (4.9%) *excellent*
  - 256 (50.1%) *not sure* how to rate

- **Media Outreach Programs**
  - 49 (9.6%) *poor*
  - 46 (9.0%) *fair*
  - 74 (14.5%) *good*
  - 36 (7.0%) *excellent*
  - 241 (47.2%) *not sure* how to rate

- **Information Programs**
  - 46 (9.0%) *poor*
  - 44 (8.6%) *fair*
  - 87 (17.0%) *good*
  - 45 (8.8%) *excellent*
  - 226 (44.2%) *not sure* how to rate

- When asked to rate their experience, or the experiences of someone they knew who had participated in prevention programs, respondents rated **Prostate Cancer Prevention Programs** as such:

  - **Education Programs**
    - 57 (11.2%) *poor*
    - 46 (9.0%) *fair*
    - 68 (13.3%) *good*
    - 28 (5.5%) *excellent*
    - 253 (49.5%) *not sure* how to rate

  - **Prostate Specific Antigen (PSA) Screening Programs**
    - 53 (10.4%) *poor*
    - 41 (8.0%) *fair*
    - 70 (13.7%) *good*
    - 26 (5.1%) *excellent*
    - 261 (51.1%) *not sure* how to rate

  - **Digital Rectal Exam (DRE) Screening Programs**
    - 51 (10.0%) *poor*
    - 41 (8.0%) *fair*
    - 61 (11.9%) *good*
    - 26 (5.1%) *excellent*
    - 265 (51.9%) *not sure* how to rate

- **Stress Management Programs**
  - 50 (9.8%) *poor*
  - 39 (7.6%) *fair*
  - 71 (13.9%) *good*
  - 23 (4.5%) *excellent*
  - 263 (51.5%) *not sure* how to rate

- **Nutrition Programs**
  - 49 (9.6%) *poor*
  - 46 (9.0%) *fair*
  - 73 (14.3%) *good*
  - 19 (3.7%) *excellent*
  - 258 (50.5%) *not sure* how to rate

- **Tobacco Use Programs**
  - 54 (10.6%) *poor*
  - 44 (8.6%) *fair*
  - 59 (11.5%) *good*
  - 18 (3.5%) *excellent*
  - 269 (52.6%) *not sure* how to rate

- **Program Leader's Cultural Appropriateness**
  - 48 (9.4%) *poor*
  - 42 (8.2%) *fair*
  - 53 (10.4%) *good*
  - 18 (3.5%) *excellen*t
  - 281 (55.0%) *not sure* how to rate

- **Non-prescription Drug Use Programs**
  - 54 (10.6%) *poor*
  - 39 (7.6%) *fair*
  - 57 (11.2%) *good*
  - 20 (3.9%) *excellent*
  - 274 (53.6%) *not sure* how to rate

- **Media Outreach Programs**
  - 54 (10.6%) *poor*
  - 43 (8.4%) *fair*
  - 58 (11.4%) *good*
  - 23 (4.5%) *excellent*
  - 267 (52.3%) *not sure* how to rate

- **Information Programs**
  - 55 (10.8%) *poor*
  - 43 (8.4%) *fair*
  - 71 (13.9%) *good*
  - 24 (4.7%) *excellent*
  - 255 (49.9%) *not sure* how to rate

- When asked to rate their experience, or the experiences of someone they knew who had participated in prevention programs, respondents rated **HIV Prevention Programs** as such:

  - **Education Programs**
    50 (9.8%) *poor*
    54 (10.6%) *fair*
    102 (20.0%) *good*
    50 (9.8%) *excellent*
    194 (38.0%) *not sure* how to rate

  - **Testing/Screening Programs**
    43 (8.4%) *poor*
    47 (9.2%) *fair*
    95 (18.6%) *good*
    43 (8.4%) *excellent*
    220 (43.1%) *not sure* how to rate

  - **Confidentiality**
    37 (7.2%) *poor*
    46 (9.0%) *fair*
    94 (18.4%) *good*
    47 (9.2%) *excellent*
    221(43.2%) *not sure* how to rate

  - **Outreach Programs**
    44 (8.6%) *poor*
    48 (9.4%) *fair*
    79 (15.5%) *good*
    42 (8.2%) *excellent*
    233 (45.6%) *not sure* how to rate

  - **Abstinence Programs**
    45 (8.8%) *poor*
    46 (9.0%) *fair*
    73 (14.3%) *good*
    42 (8.2%) *excellent*
    236 (46.2%) *not sure* how to rate

  - **Alcohol Use Programs**
    51 (10.0%) *poor*
    53 (10.4%) *fair*
    80 (15.7%) *good*
    31 (6.1%) *excellent*
    229 (44.8%) *not sure* how to rate

  - **Non-prescription Drug Use/Street Drugs Programs**
    48 (9.4%) *poor*
    46 (9.0%) *fair*
    76 (14.9%) *good*
    31 (6.1%) *excellent*
    241 (47.2%) *not sure* how to rate

- **Media Outreach Programs**
  - 49 (9.6%) *poor*
  - 44 (8.6%) *fair*
  - 83 (16.2%) *good*
  - 39 (7.6%) *excellent*
  - 233 (45.6%) *not sure* how to rate

- **Information Programs**
  - 47 (9.2%) *poor*
  - 44 (8.6%) *fair*
  - 85 (16.6%) *good*
  - 47 (9.2%) *excellent*
  - 224 (43.8%) *not sure* how to rate

Special
Thank You!

Disep Obuge for all your hard after hours work and weekends to analyze all data sets. Our prayers are with you for a speedy recovery from your emergency surgery!

Pat Green for untiring volunteer work on this project. Volunteering to do interviews, coordinate work group activities, community outreach. Anything! All things!

Terry Benjamin, even though he did not feel well continued to work with Pat Green on the development of the Afrocentric Resident Questionnaire.

Connie Garrett and Sylvester Muhammad for their untiring work to organize the focus groups.

Disep and Mr. Coleman for their attention on the Healthcare Provider Survey.

Seth Wiafe and Andrea for their meticulous management and development of the "huge" database.

Sharon Lawson, Barstow Unified School District, for your dedication in reviewing current literature. Thanks-a-million!!!!

Carl Dameron for you leadership in the strategic planning work committee and you mass communications of this health planning project.

Jonathan, Joyce, Sherrice, and Lionel, a million-and-one half thanks to my community outreach workers for collecting all the interviews, long hours on the road, and long tedious group meetings.

Sincerely,
V. Diane Woods

Section 4: Perceptions of Treatment Services

- Tables 77 through 81 display the residents' responses in regards to what types of treatment services are available in your community. For each health condition, most respondents indicated "not applicable" (32.6%), followed by "medications" (25.3%). Please note that for each health conditions; approximately 90% of the responses were unanswered.

Table 77
For High Blood Pressure, circle the number if services listed below are available to you in your community.
Afrocentric Resident Questionnaire Respondents, N = 511

Type of Treatment Service That Is Available	Number of Respondents	Percent of Respondents (%)
Medication	219	42.9
Not Applicable, I Have No Need For Services	204	39.9
Medical Supplies*	170	33.3
Dietary Counseling	160	31.3
Surgery	135	26.4
Support Group	117	22.9
Rehabilitation	107	20.9
Follow-up	107	20.9
Alternative Services**	97	19.0
In-Home Care (Home Health)	97	19.0
Professional Mental Health Counseling	93	18.2
Home Schooling For School Aged Children	89	17.4
Hospice	86	16.8
Follow-up: I Feel it is Unnecessary to Go Back	80	15.7
Transitional Living Facility	80	15.7
Radiation	77	15.1
Respite Care	77	15.1
Chemotherapy	76	14.9
Follow-up: Provider Does Not Offer Appropriate Follow-up Test	74	14.5
Follow-up: It is Not Important For Me to Have Follow-up	71	13.9
Cosmetic Prosthesis***	70	13.7
Follow-up: Provider Does Not Think Follow-up is Necessary	68	13.3
Follow-up: Cannot Get Appointment	65	12.7

**Medical Services* includes treadmill, steppers, blood pressure cuff, feeding tubes.
***Alternative Services* includes acupuncture, chiropractic, herbal.
****Cosmetic Prosthesis* includes wigs, implants.

Table 78
For Heart Disease, circle the number if services listed below are available to you in your community.
Afrocentric Resident Questionnaire Respondents, N = 511

Type of Treatment Service That Is Available	Number of Respondents	Percent of Respondents (%)
Not Applicable, I Have No Need For Services	166	32.5
Medication	144	28.2
Surgery	112	21.9
Dietary Counseling	105	20.5
Medical Supplies*	100	19.6
Support Group	78	15.3
Rehabilitation	77	15.1
Professional Mental Health Counseling	71	13.9
In-Home Care (Home Health)	66	12.9
Hospice	65	12.7
Alternative Services**	64	12.5
Follow-up	62	12.1
Radiation	55	10.8
Chemotherapy	52	10.2
Transitional Living Facility	52	10.2
Home Schooling For School Aged Children	51	10.0
Respite Care	50	9.8
Cosmetic Prosthesis***	43	8.4
Follow-up: Cannot Get Appointment	42	8.2
Follow-up: I Feel it is Unnecessary to Go Back	42	8.2
Follow-up: Provider Does Not Offer Appropriate Follow-up Test	41	8.0
Follow-up: Provider Does Not Think Follow-up is Necessary	38	7.4
Follow-up: It is Not Important For Me to Have Follow-up	38	7.4

**Medical Services* includes treadmill, steppers, blood pressure cuff, feeding tubes.
***Alternative Services* includes acupuncture, chiropractic, herbal.
****Cosmetic Prosthesis* includes wigs, implants.

NOTE: Most individuals during questionnaire administration stated they have no need of treatment services, therefore, they felt there was no need to answer. Both high blood pressure and heart disease treatments are the health conditions most familiar to the respondents. There were 6 to 8 services that were checked by over 20% of the respondents.

Table 79

For HIV/AIDS, circle the number if services listed below are available to you in your community.

Afrocentric Resident Questionnaire Respondents, N = 511

Type of Treatment Service That Is Available	Number of Respondents	Percent of Respondents (%)
Not Applicable, I Have No Need For Services	156	30.5
Medication	95	18.6
Support Group	82	16.0
Surgery	71	13.9
Professional Mental Health Counseling	71	13.9
Medical Supplies*	69	13.5
Dietary Counseling	64	12.5
Rehabilitation	61	11.9
In-Home Care (Home Health)	61	11.9
Hospice	60	11.7
Follow-up	58	11.4
Transitional Living Facility	57	11.2
Home Schooling For School Aged Children	52	10.2
Respite Care	50	9.8
Alternative Services**	47	9.2
Cosmetic Prosthesis***	43	8.4
Chemotherapy	41	8.0
Follow-up: Cannot Get Appointment	37	7.2
Follow-up: It is Not Important For Me to Have Follow-up	36	7.0
Radiation	35	6.8
Follow-up: I Feel it is Unnecessary to Go Back	32	6.3
Follow-up: Provider Does Not Think Follow-up is Necessary	31	6.1
Follow-up: Provider Does Not Offer Appropriate Follow-up Test	30	5.9

**Medical Services* includes treadmill, steppers, blood pressure cuff, feeding tubes.
***Alternative Services* includes acupuncture, chiropractic, herbal.
****Cosmetic Prosthesis* includes wigs, implants.

Table 80

For Breast Cancer, circle the number if services listed below are available to you in your community.

Afrocentric Resident Questionnaire Respondents, N = 511

Type of Treatment Service That Is Available	Number of Respondents	Percent of Respondents (%)
Not Applicable, I Have No Need For Services	144	28.2
Medication	99	19.4
Surgery	92	18.0
Radiation	83	16.2
Chemotherapy	78	15.3
Medical Supplies*	72	14.1
Support Group	67	13.1
Dietary Counseling	65	12.7
Rehabilitation	63	12.3
Professional Mental Health Counseling	60	11.7
Cosmetic Prosthesis***	58	11.4
Hospice	58	11.4
In-Home Care (Home Health)	58	11.4
Follow-up	52	10.2
Respite Care	49	9.6
Transitional Living Facility	46	9.0
Alternative Services**	44	8.6
Home Schooling For School Aged Children	35	6.8
Follow-up: I Feel it is Unnecessary to Go Back	35	6.8
Follow-up: Cannot Get Appointment	33	6.5
Follow-up: Provider Does Not Think Follow-up is Necessary	30	5.9
Follow-up: It is Not Important For Me to Have Follow-up	30	5.9
Follow-up: Provider Does Not Offer Appropriate Follow-up Test	28	5.5

**Medical Services* includes treadmill, steppers, blood pressure cuff, feeding tubes.
***Alternative Services* includes acupuncture, chiropractic, herbal.
****Cosmetic Prosthesis* includes wigs, implants.

Table 81
For <u>Prostate Cancer</u>, circle the number if services listed below are available to you in your community.
Afrocentric Resident Questionnaire Respondents, N = 511

Type of Treatment Service That Is Available	Number of Respondents	Percent of Respondents (%)
Not Applicable, I Have No Need For Services	164	32.1
Medication	91	17.8
Surgery	73	14.3
Medical Supplies*	59	11.5
Rehabilitation	55	10.8
Radiation	54	10.6
Dietary Counseling	53	10.4
Hospice	52	10.2
Chemotherapy	51	10.0
Support Group	50	9.8
Professional Mental Health Counseling	50	9.8
In-Home Care (Home Health)	46	9.0
Follow-up	42	8.2
Transitional Living Facility	37	7.2
Cosmetic Prosthesis***	36	7.0
Alternative Services**	35	6.8
Respite Care	33	6.5
Follow-up: I Feel it is Unnecessary to Go Back	31	6.1
Follow-up: Cannot Get Appointment	30	5.9
Follow-up: It is Not Important For Me to Have Follow-up	30	5.9
Home Schooling For School Aged Children	29	5.7
Follow-up: Provider Does Not Think Follow-up is Necessary	27	5.3
Follow-up: Provider Does Not Offer Appropriate Follow-up Test	25	4.9

**Medical Services* includes treadmill, steppers, blood pressure cuff, feeding tubes.
***Alternative Services* includes acupuncture, chiropractic, herbal.
****Cosmetic Prosthesis* includes wigs, implants.

NOTE: HIV, breast cancer and prostate cancer treatment services were the least know by the respondents. Services were checked by less than 15% of the respondents across all three health conditions.

Section 5: Community Resources

- Tables 82 through 86 displays the residents' responses in regards to what community resources are conveniently available to them. Please note that for each health condition; approximately 80% of the responses were unanswered.

Table 82

For High Blood Pressure, circle your response if you have the listed community resources conveniently available to you.

Afrocentric Resident Questionnaire Respondents, N = 511

Type of Community Resource That Is Conveniently Available	Number of Respondents	Percent of Respondents (%)
Gym/Health Spa/Health Club	237	46.4
Hospital	204	39.9
Pharmacy	201	39.3
Church	173	33.9
Walking Trail	167	32.7
Clinics/Health Center	157	30.7
Medical Supply Store	155	30.3
Community Center	154	30.1
City Recreation Center	145	28.4
Health Food Stores/Nutritional Center	145	28.4
Senior Center	145	28.4
Exercise Equipment Supply Store	138	27.0
Health Education Classes	138	27.0
Professional Organization*	131	25.6
Public Communication Media**	131	25.6
Support Group	123	24.1
Educational Facility	115	22.5
Specialty Health Provider	111	21.7
Rehab Facility and Therapy Program	100	19.6
Professional Counseling Center	100	19.6
Afrocentric Education Material	87	17.0

**Professional Organization* includes American Heart Association, American Cancer Society, etc.
***Public Communication Media* includes TV, radio, billboards, posters.

Table 83

For Heart Disease, circle your response if you have the listed community resources conveniently available to you.

Afrocentric Resident Questionnaire Respondents, N = 511

Type of Community Resource That Is Conveniently Available	Number of Respondents	Percent of Respondents (%)
Hospital	149	29.2
Pharmacy	147	28.8
Gym/Health Spa/Health Club	140	27.4
Church	133	26.0
Walking Trail	118	23.1
Medical Supply Store	117	22.9
Health Food Stores/Nutritional Center	117	22.9
Clinics/Health Center	112	21.9
City Recreation Center	109	21.3
Senior Center	109	21.3
Public Communication Media**	102	20.0
Exercise Equipment Supply Store	101	19.8
Professional Organization*	101	19.8
Health Education Classes	100	19.6
Community Center	100	19.6
Support Group	91	17.8
Educational Facility	82	16.0
Professional Counseling Center	75	14.7
Specialty Health Provider	73	14.3
Rehab Facility and Therapy Program	72	14.1
Afrocentric Education Material	61	11.9

**Professional Organization* includes American Heart Association, American Cancer Society, etc.
***Public Communication Media* includes TV, radio, billboards, posters.

Table 84

For HIV/AIDS, circle your response if you have the listed community resources conveniently available to you.

Afrocentric Resident Questionnaire Respondents, N = 511

Type of Community Resource That Is Conveniently Available	Number of Respondents	Percent of Respondents (%)
Hospital	140	27.4
Church	111	21.7
Pharmacy	109	21.3
Health Education Classes	98	19.2
Clinics/Health Center	96	18.8
Public Communication Media**	92	18.0
Community Center	89	17.4
Support Group	83	16.2
Professional Counseling Center	80	15.7
Senior Center	80	15.7
City Recreation Center	79	15.5
Gym/Health Spa/Health Club	74	14.5
Medical Supply Store	73	14.3
Educational Facility	69	13.5
Professional Organization*	66	12.9
Walking Trail	61	11.9
Health Food Stores/Nutritional Center	61	11.9
Specialty Health Provider	61	11.9
Rehab Facility and Therapy Program	58	11.4
Exercise Equipment Supply Store	55	10.8
Afrocentric Education Material	49	9.6

**Professional Organization* includes American Heart Association, American Cancer Society, etc.

***Public Communication Media* includes TV, radio, billboards, posters.

Table 85

For Breast Cancer, circle your response if you have the listed community resources conveniently available to you.

Afrocentric Resident Questionnaire Respondents, N = 511

Type of Community Resource That Is Conveniently Available	Number of Respondents	Percent of Respondents (%)
Hospital	133	26.0
Church	108	21.1
Pharmacy	106	20.7
Clinics/Health Center	95	18.6
Professional Organization*	90	17.6
Senior Center	88	17.2
Community Center	84	16.4
Gym/Health Spa/Health Club	83	16.2
Support Group	83	16.2
Medical Supply Store	82	16.0
Health Education Classes	81	15.9
Public Communication Media**	80	15.7
Health Food Stores/Nutritional Center	77	15.1
City Recreation Center	75	14.7
Educational Facility	66	12.9
Exercise Equipment Supply Store	62	12.1
Professional Counseling Center	62	12.1
Walking Trail	61	11.9
Rehab Facility and Therapy Program	59	11.5
Specialty Health Provider	59	11.5
Afrocentric Education Material	39	7.6

**Professional Organization* includes American Heart Association, American Cancer Society, etc.

***Public Communication Media* includes TV, radio, billboards, posters.

Table 86

For <u>Prostate Cancer</u>, circle your response if you have the listed community resources <u>conveniently</u> available to you.

Afrocentric Resident Questionnaire Respondents, N = 511

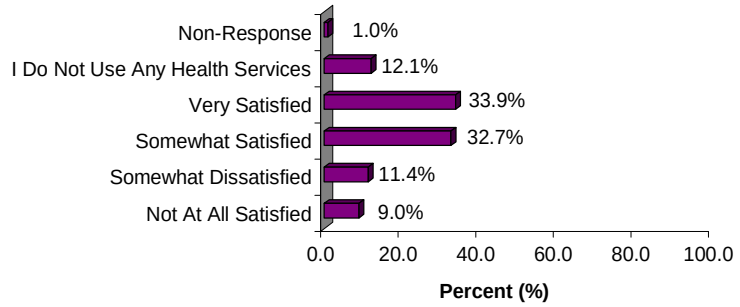
Type of Community Resource That Is Conveniently Available	Number of Respondents	Percent of Respondents (%)
Hospital	116	22.7
Church	98	19.2
Pharmacy	95	18.6
Senior Center	82	16.0
Clinics/Health Center	80	15.7
Gym/Health Spa/Health Club	76	14.9
Professional Organization*	72	14.1
Medical Supply Store	70	13.7
Community Center	70	13.7
City Recreation Center	69	13.5
Health Food Stores/Nutritional Center	68	13.3
Health Education Classes	67	13.1
Public Communication Media**	64	12.5
Support Group	63	12.3
Exercise Equipment Supply Store	56	11.0
Walking Trail	53	10.4
Rehab Facility and Therapy Program	50	9.8
Professional Counseling Center	49	9.6
Educational Facility	48	9.4
Specialty Health Provider	48	9.4
Afrocentric Education Material	37	7.2

**Professional Organization* includes American Heart Association, American Cancer Society, etc.
***Public Communication Media* includes TV, radio, billboards, posters.

Section 6: Patient Satisfaction

- Figure 38 displays the residents' responses in regards to their level of satisfaction of the healthcare they currently receive. Most respondents reported being either "somewhat satisfied" or "very satisfied."

Figure 38
Tell us how satisfied are you with the healthcare you currently receive?
Afrocentric Resident Questionnaire Respondents, N = 511



Satisfaction Level	Number of Respondents	Percent of Respondents (%)
Not At All Satisfied	46	9.0
Somewhat Dissatisfied	58	11.4
Somewhat Satisfied	167	32.7
Very Satisfied	173	33.9
I Do Not Use Any Health Services	62	12.1
Non-Response	5	1.0
Total	**511**	**100.0**

- There was a follow-up question regarding patient satisfaction was, *What is it about the healthcare system in your community that needs to be changed?*

❖ Each respondent listed one response, most respondents listed three to four suggestions (15 pages)

❖ Most responses related to:
- Need health facilities in the community (170)
- Physicians (155)
- More resources (152)
- Better insurance options/affordable (150)
- More education/awareness/information (100)
- More Black providers (75)
- More caring/sensitive physicians
- Physicians to spend more time with patient
- Health advertisement
- Better care for the poor and general population
- Improve the waiting time – too long
- Cost too high, lower cost

NOTE: One explanation for the "satisfied" patient response we believe is that Black people look for and search long and hard for providers that they can trust. After they find that individual, they will continue to utilize their services as long as they are satisfied.

B.2. Public Forum Data Summaries

- A total of 71 respondents completed the public forum questionnaire, 38 (67.9%) females and 18 (32.1%) male.

- Among the public forum survey respondents, 14 (19.7%) were less than 25 years of age. Thirteen respondents (18.3%) were between the ages of 45-54 years, 12 (16.9%) were 25-34 years, and 10 (14.1%) were 55-64 years. The average age of respondents was 37.8 years. Age range was 10 to 76 years.

- The following were selected when respondents were asked what healthy activities they participate in to improve their health:

Walking: 50 (70.4%)	Housework: 33 (46.5%)	Gym: 19 (26.8%)	Running: 17 (23.9%)
Aerobics: 15 (21.1%)	Swimming: 12 (16.9%)	Basketball: 10 (14.1%)	

- When the respondents were asked what motivates them to take part in healthy activities, they provided various answers. These answers were summarized and categorized in Table 1. Approximately 54% of the respondents were motivated by wanting to have a healthy image and lifestyle.

Table 1
What motivates you to take part in healthy activities?
Public Forum Respondents, N = 71

Motivation Category	Number of Respondents	Percent of Respondents (%)
Healthy Image and Lifestyle	38	53.5
Health/Medical Reasons	17	23.9
Family Health History	3	4.2
For Family	3	4.2
Enjoyment	3	4.2
Other Reasons	1	1.4
Non-Response	6	8.5
Total	**71**	**100.0**

- When the respondents were asked what was the **best communication forum to get understandable health information to the Black/African American community,** 42 (59.2%) indicated the *church*, 29 (40.8%) selected *newspaper*, 24 (33.8%) *computer/Internet*, 23 (32.4%) *health education class*, 20 (28.2%) *seminar*, 19 (26.8%) *at the work place*, 18 (25.4%) the *mail*, and 8 (11.3%) *bulletin boards*.

- When the respondents were asked who they identified in San Bernardino County as a community leader in healthcare, they provided various answers. In Table 2 the responses are summarized and categorized.

Table 2
Whom do you identify in San Bernardino County as a community leader in healthcare?
Public Forum Respondents, N = 71

Healthcare Leader Category	Number of Respondents	Percent of Respondents (%)
Individual*	21	29.6
No One	9	12.7
Doctors and Nurses	6	8.5
Other	4	5.6
Kaiser Permanente	3	4.2
Public Health Department	3	4.2
Loma Linda University Medical Center	2	2.8
African American Health Initiative (AAHI)	1	1.4
Veteran Hospital	1	1.4
Pastors	1	1.4
Internet	1	1.4
Non-Response	19	26.8
Total	**71**	**100.0**

**Individual* includes Ben Wright, Diane Woods, John Coleman, Dr. James Smith, Dr. Levister, Dr. Sepuya, Dr. Wilson, Jose Marquez, Lionel Dew, Sherrice Mitchell, Melissa Green, Rick Johnson, and Temetry Lindsay.

- Respondents were asked, *What health system changes would you like to see take place in San Bernardino County?* Table 3 displays their responses.

Table 3
Tell us what health system changes would you like to see take place in San Bernardino County?
Public Forum Respondents, N = 71

Health System Changes Category	Number of Respondents	Percent of Respondents (%)
Affordable Health Care	11	15.5
More Health Education Services/Outreach	8	11.3
Better Coordination of Services and Improved Access	7	9.9
Other	5	7.0
Organizational/Structural Change	4	5.6
More Prevention Services	4	5.6
More Black Providers	3	4.2
Equal Health Care for All	3	4.2
Address Pollution and Environmental Issues	3	4.2
Better Communication From Doctors	2	2.8
Better Health Care for Seniors	2	2.8
Community Involvement	2	2.8
Better Health Care for Uninsured	1	1.4
Established Guidelines for Health Care	1	1.4
Non-Response	15	21.1
Total	**71**	**100.0**

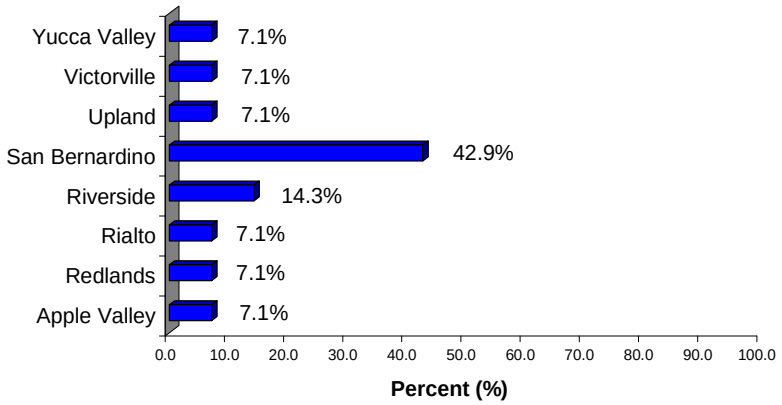
Source: AAHI Health Planning Project Afrocentric Resident Questionnaire, N=511. Prepared by: Disep Obuge, MPH, Statistician, San Bernardino County Department of Public Health. November 2004

B.3. Healthcare Provider Survey Summaries

Section 1: Organizational Demographics

- Of the 14 provider respondents, 6 (42.9%) were located in the City of San Bernardino (Figure 1).

Figure 1
City of Organization
Healthcare Provider Survey Respondents, N = 14



City of Organization	Number of Respondents	Percent of Respondents (%)
Apple Valley	1	7.1
Redlands	1	7.1
Rialto	1	7.1
Riverside	2	14.3
San Bernardino	6	42.9
Upland	1	7.1
Victorville	1	7.1
Yucca Valley	1	7.1
Total	**14**	**100.0**

- The type of healthcare provider for each of the 14 respondents is displayed in Table 1.

Table 1
Type of Healthcare Provider
Healthcare Provider Survey Respondents, N = 14

Type of Healthcare Provider	Number of Respondents	Percent of Respondents (%
Community-Based Organization	2	14
Private Health System	2	14
Private Physician Independent Practice	2	14
County Health System	1	7
Educational Consultant Firm	1	7
FBO/CBO	1	7
Medical	1	7
Medical Group Practice	1	7
Medical HMO	1	7
Non-Profit	1	7
Solo Practice	1	7
Total	**14**	**100**

- Most of the respondents reported serving clientele in Region 1 of San Bernardino County (Table 2).

Table 2
Region of San Bernardino County
Healthcare Provider Survey Respondents, N = 14

Region of San Bernardino County	Number of Respondents	Percent of Respondents (%)
Region 1 Only*	7	50.0
Region 3 Only***	3	21.4
Regions 1, 2, 3, 4****	2	14.3
Region 2 Only**	1	7.1
Regions 1, 2, 3	1	7.1
Total	**14**	**100.0**

**Region 1* defined as "Valley" which includes City of San Bernardino, Rialto, Colton, Fontana, Yucaipa, Grand Terrace, Loma Linda, Redlands, and Highland.

***Region 2* defined as "West End" which includes Ontario, Alta Loma, Upland, Chino, Montclair, Chino Hills, and Rancho Cucamonga.

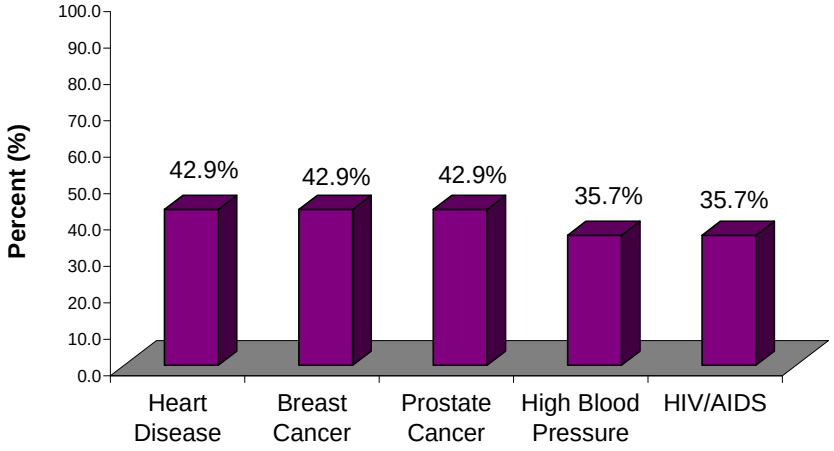
****Region 3* defined as "High Desert" which includes Victorville, Apple Valley, Adelanto, Barstow, Hesperia, and other North areas.

*****Region 4* defined as "29 Palms" which includes 29 Palms and other East areas.

Section 2: Prevention Services

- Most providers reported that they provide prevention services that target Black/African Americans in San Bernardino County (Figure 2).

Figure 2
In addition to all the services that you provide, do you also provide any of the following prevention services that target Black/African Americans in San Bernardino County?
Healthcare Provider Survey Respondents, N = 14



Prevention Services Provided For Specified Health Condition	Number of Respondents	Percent of Respondents (%)
Heart Disease	6	42.9
Breast Cancer	6	42.9
Prostate Cancer	6	42.9
High Blood Pressure	5	35.7
HIV/AIDS	5	35.7

Section 3: Marketing of Services

- Most providers reported that they use word of mouth, community presentations, and posters as their marketing communication vehicles to reach Black/African Americans in San Bernardino County (Table 3).

Table 3
Which marketing communication vehicles do you use to reach the Black/African American population?
Healthcare Provider Survey Respondents, N = 14

Marketing Communication Vehicles Used	Number of Respondents	Percent of Respondents (%)
Word of Mouth	12	85.7
Community Presentations	11	78.6
Posters/Flyers	10	71.4
Newspaper Advertisements	6	42.9
Outreach Seminars	5	35.7
Television	3	21.4
Radio	2	14.3
Internet	2	14.3
Telephone Directory	2	14.3
Billboard Advertisements	1	7.1
Other Communication	1	7.1
Videos	0	0.0
Magazines*	0	0.0

**Magazines* include Black Entrepreneur, Black Hair, Ebony, Jet.

Section 4: Cultural Diversity

- Of the 14 provider respondents, 85.7% reported that they provide culturally diverse educational material (Figure 3).

- Most providers reported they provide literature as educational marketing material to African Americans (Table 4).

Figure 3
Do you provide educational material that is culturally diverse (e.g., Latino, African American, Asian)?
Healthcare Provider Survey Respondents, N = 14

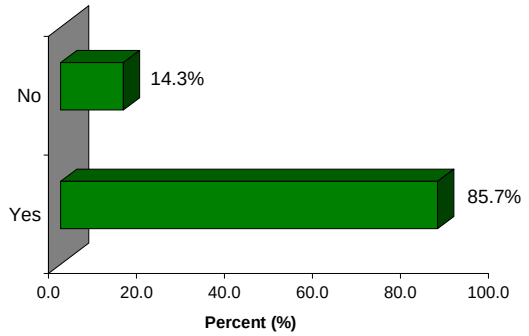


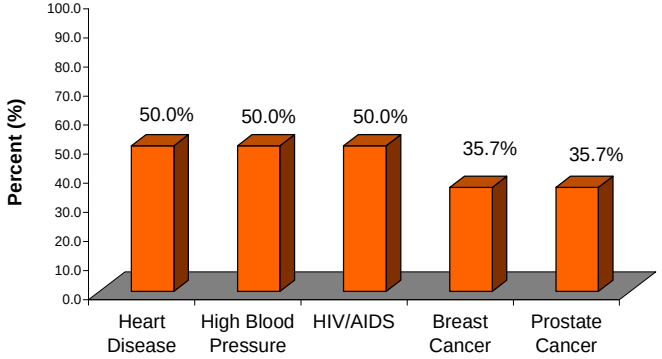
Table 4
What African American educational marketing materials do you provide?
Healthcare Provider Survey Respondents, N = 14

Type of Marketing Education Material	Number of Respondents	Percent of Respondents (%)
Literature (pamphlets, booklets, magazines, etc.)	10	71.4
Posters/Pictures	9	64.3
Give-a-ways (pens, note pads, magnets, etc.)	3	21.4
Other	1	7.1
None	1	7.1
Videos	0	0.0

Section 5: Treatment Services

- Of the 14 provider respondents, most reported that they provide heart disease, high blood pressure, and HIV/AIDS treatment services (Figure 4).

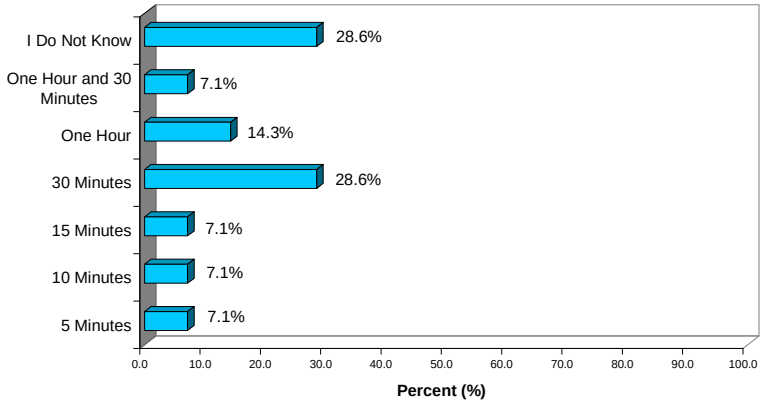
Figure 4
Do you provide treatment services to Black/African American individuals for the following health conditions?
Healthcare Provider Survey Respondents, N = 14



Treatment Services Provided For Specified Health Condition	Number of Respondents	Percent of Respondents (%)
Heart Disease	7	50.0
High Blood Pressure	7	50.0
HIV/AIDS	7	50.0
Breast Cancer	5	35.7
Prostate Cancer	5	35.7

- Most providers reported that their patients' average wait time is 30 minutes (Figure 5).

Figure 5
In your opinion, after your patient checks into your office for an appointment, what do you think is the <u>average wait time</u> before your patient is able to get in to see you?
Healthcare Provider Survey Respondents, N = 14



Average Waiting Time	Number of Respondents	Percent of Respondents (%)
5 Minutes	1	7.1
10 Minutes	1	7.1
15 Minutes	1	7.1
30 Minutes	4	28.6
One Hour	2	14.3
One Hour and 30 Minutes	1	7.1
I Do Not Know	4	28.6
Total	**14**	**100.0**

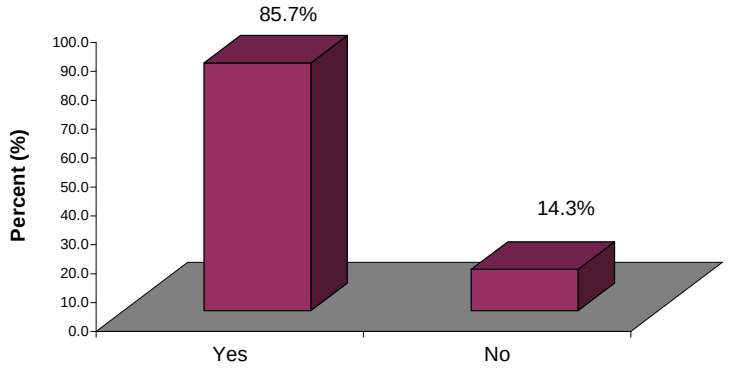
Section 6: Community Resources

- Most providers reported that they are aware of healthcare resources for the Black/African American population in San Bernardino County that relate to heart disease, high blood pressure, breast cancer, prostate cancer, and HIV/AIDS (Figure 6).

Figure 6

Are you aware of healthcare resources available in your community for the targeted five (5) health conditions (heart disease, high blood pressure, breast cancer, prostate cancer, HIV/AIDS) within the Black/African American population?

Healthcare Provider Survey Respondents, N = 14



Awareness of Available Community Resources	Number of Respondents	Percent of Respondents (%)
Yes	12	85.7
No	2	14.3
Total	**14**	**100.0**

Section III: Summary of Findings and Recommendations

In summary, 1,078 individuals participated in this community health planning process. The Black community was asked their opinions and thoughts, and they have willingly shared their following perceptions of prevention programs and treatment services in San Bernardino County regarding heart disease, high blood pressure, HIV/AIDS, breast and prostate cancers:

- A **disconnect exist between physicians/healthcare providers and the Black patient**. The perceptions of most Blacks are that physicians do not take time to "hear" their concerns about health-related problems nor, do physicians engage them into discussion about these problems.

- Blacks **do not trust the healthcare system**. There is a perception among Blacks that they receive inappropriate treatment and inadequate information.

- The perception of Blacks regarding prevention programs is that these programs are not visible and not advertised to them. **Blacks are not aware of prevention programs** for heart disease, HIV/AIDS, breast/prostate cancers.

- Blacks did **not know if prevention programs** are **conveniently located near their residence**. Many were aware of high blood pressure programs at the local hospital.

- Blacks feel **health related materials are not tailored towards their culture**. The perception of Blacks is that health messages they currently are aware of do not "speak" to their needs.

- Blacks are participating in their early demise when they **do not incorporate healthy practices into their lifestyle.** For example, health practices that demonstrate effectiveness in decreasing risk factors for the stated health conditions are low dietary salt and fat intake, increase dietary consumptions of fruits and vegetables, daily exercise, and eliminating personal tobacco use or exposure to tobacco smoke.

- Blacks identify with a strong **religious heritage.**

- Accepted traditional barriers to access to care for Blacks have been reported as: lack of insurance, no regular doctor for routine care, lack of transportation to healthcare provider, and not having regular check-ups. <u>These were not the findings in our study</u>. Blacks believe their major issue with healthcare access is not receiving **quality care.**

- **Blacks prefer a medical doctor (MD) for routine care**. The majority of participants did not have a preference for gender or ethnicity. Blacks desire a MD who is caring, compassionate, express interest in their health needs and provides standard current medical care.

- Except for health related resources for high blood pressure, the perception among most Blacks is that **health resources are not conveniently located in the community where they live.**

- Blacks are not sure about **standards of medical practice.**

- Blacks perceive that the vast majority of all **providers are not culturally competent.**

Many of our findings are most disturbing. The issues are extremely complex. Black residents in our study overwhelmingly hold the perception that for the targeted diseases there is a lack of available health resources, they distrust the healthcare system, services are not tailored to their culture, they fear stigma, and that many do not access resources because the resources are invisible, and Blacks feel invincible. There are probably several reasons for these perceptions.

We have discovered that issues facing Blacks/African Americans in San Bernardino County are a microcosm of what is reflected in the national healthcare dilemma as reported by the Institute of Medicine (IOM, 2003), the RAND Corp. (May 2004), and to a greater extent the National Healthcare Disparity report (February 2004). All of these national reports indicate that Blacks receive inferior health services. The magnitude of the problem in San Bernardino County is critical and alarming because the death rates for Blacks in our County are high: heart disease 429.4/100,000 [Whites, 318.2/100,000]; high blood pressure, 20/100,000 [Whites, 7.0/100,000]; HIV/AIDS 9.4/100,000 [Whites, 2.4/100,000]; prostate cancer 93.7/100,000 [Whites, 32.6/100,000], and breast cancer 36.0/100,000 [Whites, 27.4/100,000]. Hospitalization rates for some of these conditions are even more starling, for example high blood pressure admissions are 235.5/100,000 compared to Whites 34.8/100,000. (Source: Based on 1999 data from the San Bernardino County Department of Public Health 2002 Chronic Disease Report).

We attempted for five (5) months to encourage healthcare providers (CBOs, FBOs, professional organizations, hospitals, independent providers, and physicians) to give their perceptions of the problems related to the health and healthcare issues among the targeted population, and to complete a survey identifying prevention programs and treatment services they provide. Response rate was extremely low. Twenty-five (25) out of 908 (2.75%) healthcare providers submitted a survey. We need more input from providers. This is not a case of "blaming the victim." We collected data first handed from over 800 Black residents. We uncovered multi-factorial and multi-layered barriers to healthcare utilization in the County that strongly support some of the probable reasons for the existing gaps in health outcomes, poor health status and life expectancy of Blacks.

> One reason may be the health system structure for providing prevention information and services. Some type of disconnect is present when over 75% of Blacks indicate they are not aware of prevention services.

Only 14 (1.5%) of the 25 healthcare providers successfully completed the entire survey. Responses were received from CBOs (9), physicians (4), hospitals (3), County Department of Public Health (2), HMOs (2), and FBOs (2). The extremely low response rate does not allow for a representative assessment of current prevention programs and treatment services provided by County healthcare providers. Low response rate also does not give the needed information from the health care providers regarding their concerns related to the high death rates among the County's Black/African American population. Without input from the provider there is not firsthand information about their experiences regarding the issues under discussion, or current information about services they provide to this at-risk population. There is a serious need for more in-depth study to address the challenges necessary to obtain input from the healthcare provider community.

> Another reason, lack of input from the provider community about services they offer and how to access those services.

Traditional barriers to health and healthcare access were not the norm among our study participants. Blacks in San Bernardino County had some type of insurance (83.5%), were educated beyond the 12th grade (88.4%), were employed (88.0%), had a personal medical doctor (MD) for routine care (60.2%), and went to "their" provider for a routine physical within the last 18 months (78.6%). The issue about lack of transportation was not a concern for the majority. Only 11.2% stated they use public transportation to the healthcare provider visit. Our respondents report they are motivated to be healthy (49.7%). Additionally, 38.6% indicate they take part in healthy activities because they want to be here for family and significant others. They also believe taking the right actions will result in staying healthy (84.9%). The health seeking actions are validated by nearly 80% of our study participants who report going to their MD for physicals within the last year.

An explanation must rest with physician/patient interaction during health visits, and patient actions after health visit.

Eighty-two (82.5%) percent of the resident respondents felt that prevention care was necessary for personal chronic health conditions, and 84.9% felt if they take the right action they would stay healthy. Blacks indicate they were motivated to take part in healthy activities to be healthy (49.7%), and to be around for family, friends, and loved ones (38.6%). However, an average of 40% indicated they were not aware of prevention programs conveniently located near their residence. Approximately 80% indicated they were not aware of when, how, and where prevention programs were offered. In response to a question about why they were reluctant to seek prevention services, most respondents indicated they were not reluctant. For those who indicated they were reluctant, the reasons with the highest response were trust (15.3%), followed by waiting time (14.6%), and a caring provider (12.6%). Note that all these responses are less than 15%. Over 50% indicated various reasons cost was a concern, see pages 75 and 76 of this report.

Another probable reason is individual responsibility for personal health. What are Blacks actually doing to stay healthy?

Public forum respondents all indicated personal involvement in some type of physical activity (see page 107 of this report). A more in-depth study is needed to determine the actual health behaviors and healthiness of the Black population in San Bernardino County. Our study was to determine the perceptions of the Black population toward prevention and treatment efforts, not an in-depth investigation into their health behaviors.

According to focus group participants and comments from public forum attendees, the perception is that Blacks do not receive specific health education regarding their condition. Questionnaire respondents were asked about personal healthcare provider interest in preventing the targeted health conditions, nearly 40% believed their provider **was not especially interested** in preventing these diseases. When asked how do you know your healthcare provider is ESPECIALLY interested in preventing the targeted health conditions, the top responses were: (1) answers my medical questions in a way I can understand (30.9%), (2) listens to me (30.5%), (3) concerned about me and ask questions (27.4%), (4) spends time with me talking with me about my concerns (25.4%), (5) makes follow-up contacts (24.5%), and (6) staff informs me about prevention programs (20.9%).

A possible reason is lack of specific prevention instructions.

The perception of Blacks is that prevention programs are not conveniently available to them. Approximately 45% were not sure how to rate prevention programs. For those who could rate them, less than 15% indicated they were good or excellent. When asked how close are prevention programs to your residence? Nearly 52% responded "I do not know." Almost 50% of the respondents expected CBOs to provide prevention information. Blacks hold the perception that providers do not demonstrate, or provide culturally appropriate approaches to their healthcare needs.

Respondents expressed clear expectations of healthcare provider roles, namely: **physicians** - (1) diagnose and treat disease, 76,3%, (2) teach how to stay healthy (66.5%) and (3) educate about diseases (65.4%); **the Department of Public Health** - (1) prevent disease and disability (59.5%), (2) provide information (59.3%), (3) ensure that everyone receive healthcare (56.9%); **hospitals** - provide treatment (45.8%), (2) treat disease (45.4%), (3) provide information (44.0%); **CBOs** - (1) provide information (49.3%), (2) make sure high risk populations have prevention programs (43.2%), (3) educate about disease (39.5%), (4) teach how to stay healthy (37.8%), and **HMOs** – (1) provide information (41.7%), (2) educate about disease (34.4%), (3) make sure everyone receives healthcare (30.9%), (4) teach how to stay healthy (29.7%).

Health needs are different in the four regions of the County. There are health resources in each region. However, Blacks are not aware if these resources are conveniently available. The most commonly know community resources were hospitals, gyms, and pharmacies. Approximately 35% indicated awareness of these resources for heart disease and high blood pressure.

Possible reason - no visible health messages or resources in Black communities to encourage and reinforce healthy choices.

Approximately 35% identified the most available treatment services were medications. Some hold the perception that medications they were given appear to "not work." According to focus group participants, affording medication was a serious concern. Some felt if the insurance did not pay for the medication, they were given a less effective medication. Many have the perception that physicians relate to them by the type of insurance. Those with MediCal felt they receive "substandard" care. We recognize that the issues regarding poor quality care are a complex interplay between multiple factors. Namely, (1) counter productive incentives built into the healthcare system, (2) lack of communication between physicians and patients, (3) a disconnect between physicians, health providers and patients, (4) social, environmental, structural, and systemic factors that discourage and dissuade good health choices, and (5) individual health seeking behaviors and choices.

Possible reason – quality care issues.

Given the gravity and systemic pervasive nature of the problems facing Blacks/African Americans in San Bernardino County (across SES levels), we realize the AAHI does not possess the ability or power to make a major difference in the delivery of prevention programs and treatment services to the targeted population. We appeal to those who have the power to make the changes, not to let the startling findings of our "real world" study go unchecked. We have a moral obligation to protect people, prevent continual deterioration of health, premature death, and disability among Blacks. Evidence-based community level prevention interventions that are developed, implemented, and jointly evaluated by the targeted population needs to be created and sustained over time to document effect and outcomes.

These findings are significantly different from what is normally reported regarding healthcare access issues of Black/African Americans, and for major reasons why Blacks suffer from poor health. **Blacks in San Bernardino County are not dying because they do not have insurance, do not have a MD, or do not go to their personal MD for regular physicals. Further issues need to be examined to better understand the patient/provider interaction during the healthcare visit, and follow-up after the healthcare visit as probable insight into why the high death rates among the Black population. The major challenge in understanding these social and environmental issues in assessing this potential problem would be obtaining information from the patient about his or her experiences when in for a health visit, and also securing the same/similar information from the provider about actual care of the patient, as well as the providers concerns or issues in caring for the Black patient.** We offer possible reasons for the problems.

For the respondents who indicated they were satisfied (66.6%) with the healthcare they currently receive, we suspect it is because they had probably looked long for a provider that suited them and had really chosen a provider they were happy with. Blacks do not do well with a "factory" approach to health and healthcare. Blacks prefer personalized care. It is important to them how time is spent engaging them. A personal medical doctor is critical to the doctor/patient trusting relationship. Blacks respect their MD and trust his/her judgment, and will maintain long allegiance to their personal doctor. Credible information is also critical for trust and acceptance of prevention messages. There are challenges and opportunities in working with any situation but there must be a demonstrated commitment to working out mutually acceptable solutions.

One avenue of hope that still remains is the community of faith. Blacks are not monolithic. One size does not fit all. One major aspect of Black heritage is the spiritual component. We did not ask questions regarding personal spirituality but we asked about preference for religious affiliation. Only 2.9% (15 individuals) did not give a response, 8.8% indicated no preference, and 88.3% indicated a religious affiliation. While religious organizations have become more involved in providing health related activities, this may be an opportunity to reach Blacks. It has been a commonly established thought, that the Black church is the "inroad" to the Black community. There are numerous churches in San Bernardino County. Our original contact list included 1,500 churches. After direct dial to these churches, only 31 indicated they provided health related activities to Blacks. There were only two (2) FBOs that returned a survey. **We acknowledge and appreciate the many people of faith within the Black community that participated** in this planning process. Many individuals working in the work groups openly admitted numerous times that it was their faith in God that kept them working on this effort.

> A possible reason is a need to involve more communities of faith in prevention activities, and to encourage a spiritual connection to health and well-being.

Toward better health for the Black population, and to enhance organizational provider capacity, service coordination, and shared responsibility among individuals and healthcare providers related to the targeted health conditions this strategic plan work group makes the following nine recommendations. In addition, we provide a social ecological model for health system structural change that has the potential to enhance health service delivery to Blacks and other disadvantage populations.

Recommendations

Recommendation #1

Develop capacity of the Black/African American San Bernardino county population to participate in shared decision-making regarding personal and community health and healthcare outcomes.

Strategies:

- Develop a clear definition of what shared-decision making is and what it involves. Create a strategic plan to train healthcare providers and the general Black population in the process of shared-decision making with clear mutual role definitions and expectations. This strategy needs to be jointly developed between physicians and the Black population. The suggestion is to develop a **physician/patient committee** of interested persons, began an open dialogue about the shared-decision making topic, and work toward creating a plan of how to train physicians and patients in the concept of shared-decision making that is mutually acceptable. The intent is to develop strategies to improve communication between physician/provider and the Black/African American community.

- Develop a clear definition of what prevention means to the Black community. Create a countywide media campaign to educate the Black population regarding the definition of prevention and how to incorporate culturally appropriate prevention strategies into the lifestyle. This media campaign must include a focus on creating a paradigm shift toward preventing lifestyle diseases. Many individuals in the focus groups expressed a strong desire to stay healthy, and 53.5% of the public forum questionnaire respondents indicated they were motivated to have a healthy image and lifestyle. Likewise 82.0% of the resident respondents agreed that if they take the right actions, they can stay healthy.

- Identify all agencies that impact health and healthcare for the targeted conditions, develop a health education package which will emphasize the concept of shared-decision making, and include strategies on how to successfully engage this process among Blacks utilizing the physician in a major leadership and teaching role (preventive medicine physicians would fit well in this role). Blacks prefer and expect physicians to take this type of prevention leadership role. Regards to the type of healthcare provider, 75% indicated they prefer a medical doctor (MD). Most (59.9%) indicated they had a MD as their primary provider, and believe that a main role of the physician is to teach how to stay healthy (66.5%), educate about diseases (65.4%), provide information (58.9%), and prevent diseases (51.9%). Resident questionnaire respondents (25%) indicated they did not care about gender and ethnicity of the physician. Another 25% indicated a preference for the Black/African American female physician across all targeted health conditions. Most written responses to what do you care about if you do not care about gender and ethnicity, the majority of responses were a caring, knowledgeable healthcare provider who is interested in me and my health.

- Assess the people assets within each community of the County to determine how healthy Blacks really are, develop an acceptable definition of health and illness, and clearly define capacity of the Black population, the Black community by region, and healthcare providers who serve Blacks. Develop community social capital capacity around asset skills and social networks.

Rationale: The current trend is to encourage shared-decision making regarding physicians and patients (Briss et al., 2004; Kravitz & Melnikow, 2001). Patients who prefer shared control are more active participants in health and healthcare than patients oriented toward doctor control (Street et al., 2003). Physician/patient communication is a critical component to quality healthcare, and is a strong determinant of health-seeking behaviors (Krupat, Bell, Kravitz, Thom, & Azari, 2001).

Targeted to address recommendation: All health educators, physicians, preventive medicine practitioners, prevention specialist, healthcare providers, Department of Public Health and Black residents

Recommendation # 2

Mobilize healthcare providers in San Bernardino County to address the health and healthcare needs of Blacks/African Americans in this County.

Strategies:

- **Mobilize the healthcare system to:**

1. Develop collaboration between the community and providers
2. Incorporate evidence-based, population specific standards into medical practice and education curriculum
3. Revitalize the public health concept of service distribution for general and specialized care (Ex: mobile vans)
4. Establish a standardized system for receipt, review, and follow-up for grievances and appeals
5. Inform the provide regarding the community standards of care for the Black culture
6. Establish measurements of accountability (Ex: ethnocentric reports regarding care)
7. Create private-public partnerships to provide comprehensive health and healthcare services to African American populations in underserved and geographically isolated areas
8. Facilitate access to delivery of health and healthcare through use of an electronic record processing network; incorporate healthy electronic application system for medical records

- **Quality care**

1. Within the Black community there is an expressed desire to have quality care. Blacks perceive quality care is measured by direct intervention from the provider, utilization of standard of care guidelines for all patients, and the healthcare providers' ability to provide expert and appropriate medical care with an awareness and sensitivity to cultural and ethnic differences of Black/African American population. The healthcare provider must develop a "health caring" relationship with the Black patient. Health caring is demonstrated by engaging into conversation, expressing interest in the patients' problems by asking questions and allowing the patient to ask questions. A major measurement of physician care is when the physician actually examines the patient. Many in the Black community state that the physician does not conduct a physical, "hands on" examination of the problem before coming up with the diagnosis. Blacks term this practice "uncaring," "insensitive" and poor quality care. The Black community values mutual respect. Mutual respect will decrease fear about going to healthcare provider, increase compliance and creates a trusting environment. Blacks do not trust the healthcare systems, many in the focus groups expressed, "I would rather stay away and go only if I really must."

2. Blacks can develop an advocacy role for provider reimbursement for prevention care which would be an added incentive for healthcare providers to focus on community-based prevention services.

3. In mutual working together toward quality of care, Blacks can advocate for the establishment of premium schedules for health insurers to charge lower premiums for patient compliance with established standards of care. A policy in San Bernardino County should be for healthcare providers to give ethnocentric standards of care. This activity would allow for physician and patient to participate in a mutual goal of creating a cultural environmental approach to healthy living, where both partners benefit.

- **Physicians/healthcare provider "cultural" competency training**

1. Identify an appropriate modality to establish and implement a cultural competent training protocol to incorporate evidence-based population specific medical practices that are appropriate to the Black population. Develop **physicians and community grand rounds** where information sharing can take place regarding what is important materials, life tools and skills, style of communication and communication channels to the Black community for improving health outcomes. During community grand rounds the physician can share disease specific prevention strategies with the Black community in a format that engages this population at the same time increase their level of understanding disease prevention concepts. Physicians who specialize in preventive medicine and prevention specialists would be an excellent target for this suggested strategy.

2. Develop strategies to improve communication between physician/provider and Black/African American patient, include age and racial appropriate screening and exams.

3. Ensure that providers are able to recognize the risk factors and that persons-at-risk for specific conditions are screened and appropriately diagnosed.

Rationale: According to some research, Blacks are more apt to participate in health activities if encouraged by their physician (Gorelick, Harris, Burnett, & Bonecutter, 1998; Paskett, DeGraffinried, Tatum & Margitic, 1996), and if the activities are perceived to do what it is expected (Breslow, 1996).

Targeted organization to address recommendation: All health educators, preventive medicine and internal medicine physicians, prevention specialist, CBOs, Black population and healthcare providers

Recommendation # 3

Develop an effective and accountable public/private collaboration of Black/African Americans in San Bernardino County.

Strategies:

- Identify other organizations that target African American issues and work with groups that support the mandates of the AAHI to form strategic alliances and partnerships for capacity-building to advance the agenda of the collaborative. All groups do not have to consciously work on all aspects of all activities. For an examples the United Way, American Cancer Society (ACS), African American Health Consortium (AAHC), Black Health Network (BHN) and others all have a level of expertise in a specific service area. These organizations should maintain their unique focus and work more harmoniously toward similar goals among the Black population. The collaborative is the opportunity to pool resources, jointly seek additional funds, share expertise, and provide a coordinate approach to prevention of the targeted health conditions. A main role of the collaborative is to coordinate prevention programs and services targeting Blacks, and to establish standards of care for Blacks in this County. This collaborative can establish standards for working with the Black/African American population, create an accountability system that is proactive in monitoring and tracking individual behavior change to ensure improved health outcomes, appropriate utilization of funds that are earmarked to improve the health status of Blacks, and to ensure healthcare provider quality of care. The primary agenda of this **community-based health advocate of Black professionals and non-professionals** is:

  - To provide strong leadership in the health and healthcare arena
  - To strengthen outreach and prevention/treatment efforts
  - To provide education and leadership training
  - To develop policy and advocate for healthcare change
  - To develop population-based research among Blacks
  - To develop an accountability system that is community driven, consumer focused, and outcome based
  - To provide culturally relevant and credible health related information about Blacks
  - To provide mentoring and positive role modeling
  - To recruit more Blacks into the healthcare field (medicine, nursing, allied health)

- Establish **Family Resource Centers of Cultural Excellence**. This approach allows for multi-focused centers to be established that will become a centralized point of operations to provide culturally specific "whole" person health services in different regions within the County where the majority of Blacks live. Priority is for these centers to provide services in areas where prevention programs and treatment services are not readily available. Services will be accessible not only to Blacks but to other underserved people such as Latinos and Native Americans. These centers also provide a

practice/training arena for Black medical students, nursing students, and other Blacks who have a desire to enter into the healthcare profession.

- This collaborative should take a strong **legislative advocate role** and seek and create support for policies that would improve the health status of Blacks in this County.

Suggestions:

- Identify all Black/African American collaborative in the County
- Come together; have a meeting with all existing African American community collaborative
- Identify problems among existing African American collaborative and work them out
- Establish a process of dealing with the issues
- Identify common grounds and a common agenda; establish goals
- Develop a win/win environment
- Make a commitment to work together
- Develop funding relationships
- Be accountable
- Agree on Leadership
    1. Of "the" collaborative
    2. Of community persons who are credible, who make linkages/networks to get action
    3. Of who are the countywide health leaders among African Americans
- Develop unity
- Nurture the African American community
- Regain trust
- Understand and clearly define Black identity and what it means to be a Black/African American

Rationale: According to research by Raczynski et al., (2001) community capacity is thought to be a major determinant of program effectiveness. Among predominately African American communities, particular focus is placed on the concept of increasing trust and capacity. The community health worker (CHA) or indigenous aids, or natural helpers, in addition to the willingness to collaborate has been identified as effective strategies to increase community capacity and trust among African Americans. Another aspect of building community capacity is collective interest (communitarism) [Schiele, 2000]

Targeted organization to address recommendation: Black community, professionals and non-professionals, others interested in providing quality care to the Black population, and other underserved groups

Recommendation # 4

Recommend to the San Bernardino County Department of Public Health the creation of a public plan to address the health of the Black/African American population that includes the AAHI *Afrocentric Plan for Better Health* **developed specifically to improve the health status of the targeted population related to high blood pressure, heart disease, HIV/AIDS, breast cancer and prostate cancer. [Special acknowledgement to DOH for their immediate action to create a plan to address the needs of all residents of San Bernardino County.]**

Strategies:

- The plan should include multi-cultural issues, especially all recommendations developed by AAHI to include specific issues related to the 5 health conditions and other health issues related to African Americans.

- In the development of the plan, the County should include representatives from the Black/African American population from each region of the County for proper focus, guidance, and prioritization of health issues related to this population.

- In addition to the five targeted health conditions, the plan should address other chronic health conditions affecting Black/African American populations, such as obesity, asthma, mental health and diabetes.

- Develop community planning groups (CPGs) that will bring together all stakeholders (current and potential) in each of the five identified health conditions. The CPGs will coordinate all programs and activities related to each condition.

- To better coordinate countywide chronic disease prevention efforts, this work group **strongly suggest the creation of a Chronic Disease Prevention Section** within the Department of Public Health with appropriated funds for countywide prevention efforts and appropriately trained public health prevention staff.

Disease Specific Approaches:

HIV/AIDS

HIV/AIDS is a major contributor to the high death rate of Blacks in our County. African Americans are more likely to face challenges associated with risk for HIV infection which include poverty, denial, partners at risk, substance abuse, and sexually transmitted diseases (STDs).

Goal: To increase services, deliver quality healthcare and HIV prevention education to the Black/African American population in San Bernardino County targeting individuals who have low socio-economic status.

Strategies:

- Establish partnerships with agencies that currently provide services to people-at-risk of contracting HIV, the virus that causes AIDS. Work together on joint efforts. Identify all such providers in this County.

- Create clear media messages that are age appropriate and culturally specific so that Black/African Americans can easily identify with the information presented. Communicate the messages through billboards, pamphlets, TV, radio, video, open discussions of HIV risks with pre-teens, teens, and young adults, and support group meetings. Early intervention strategies are critical to this approach, working closely with the County's special campaigns such as First 5. One of the strongest needs expressed by the Black population is that prevention messages need to be visible, continual, and tailored to the local community. There is the perception among Blacks that prevention activities related to the targeted health conditions take place somewhere in San Bernardino County, but the Black population does not know where they are, when they are offered, and who provides them. Respondents in our study consistently answered "I do not know" to questions about if prevention programs and services were offered near their residence.

- Provide education and screening services to the Black/African American population by facilities that are accessible 24 hours and maintain strict confidential counseling and testing.

BREAST CANCER

Goal: To increase services to Black/African American populations in San Bernardino County targeting the poor and underserved by delivering quality health care, breast cancer screening and prevention education.

Strategies:

- Establish partnerships with agencies that provide services to the Black/African American population who is at-high-risk for breast cancer, such as the Desert Sierra Breast Cancer Partnership, Inland Empire Black Nurses Association, the Susan B. Kolman Foundation, and the American Cancer Society.

- Provide media messages that are clear, age appropriate, and culturally sensitive to Black/African Americans. Deliver media messages through multi public streams such as church male and female groups, civic, social, and professional groups, billboards, pamphlets, focus group discussions on breast cancer, culturally specific support groups for cancer survivors.

- Screening facilities providing services must begin first screening for Black/African American populations between the ages 35 – 40. Facilities must be accessible 7 days per week and hours flexible to the populations work schedule. The locations must be easily accessible. California Department of Health provides free breast screening for women 40 years old and older. The Black community must have an updated list of providers who offer these services and where they are located.

- Low-income and underserved must receive screening and education on a priority bases for intervention and prevention.

- Providers should discuss treatment options with newly diagnosed persons. Special emphasis must be focused on Black/African Americans over the age of 50 years.

PROSTATE CANCER

Goal: To reduce this the high incidence rate of advanced prostate cancer among Black/African American males

Strategies:

- Establish partnerships with agencies that provide services to high-risk Black/African American populations to provide ongoing prostate cancer prevention interventions on a priority bases to the low-income and underserved

- Create a major countywide media campaign with clear, age appropriate, and culturally sensitive messages to Black/African Americans men utilizing TV, radio, billboards, social, civic, and professional organizations (such as the Masonic, Elks', church and business groups), appropriately tailored pamphlets and personalized information packages, focus group discussions on prostate cancer, male navigators, and support groups for cancer survivors

- The strategic plan work group strongly suggests a policy in San Bernardino County should be developed for all screening facilities that provide prostate cancer services should begin baseline screening of all Black/African American men at age 34. These facilities must be accessible 7 days per week tailored services based on regional population needs, and provide hours flexible to the populations work schedule. The locations must be accessible, and staff is to maintain strict confidential counseling, screening, and education.

- Treatment providers should provide information and discuss treatment options with all newly diagnosed persons.

HIGH BLOOD PRESSURE

Goal: To reduce the high incidence of high blood pressure rates among Blacks

Strategies:

- Blacks should see to become active members of different local agencies that provide prevention services to populations at high-risk for high blood pressure to provide guidance and appropriate strategies

- Culturally appropriate media messages that are clear, age appropriate, and culturally sensitive to Black/African Americans must become visible among these communities utilizing an aggressive media campaign for TV, radio, newspapers, billboards, pamphlets, church, civic and social organizations. In addition to group discussions on high blood pressure, and support groups for diagnosed individuals

- Screening facilities must provide ongoing early detection programs targeting the Black population who are predisposed to high blood pressure. Facilities must be accessible 7 days per week with hours flexible to the population's work schedule. Locations must be accessible, and staff must provide culturally sensitive counseling, testing, and recommendations for dietary and behavioral change values and norms established by the Black community that is identified as safe quality health.

- Create early intervention, age appropriate prevention programs and implement within the school system

- Low-income and underserved must receive screening and education on a priority bases

- Culturally appropriate treatment options should be discussed with ALL newly diagnosed persons

- Special outreach emphasis must be given to the Black/African American population that are over weight, family and medical history of high blood pressure, low income, and those living in isolated areas within the County

HEART DISEASE

Goal: To reduce the incidence of heart disease among Black/African American.

Access to appropriate information and testing is one contributing factor for the Black/African American population as well as the type of medication prescribed.

Strategies:

- Culturally appropriate media messages that are clear, age appropriate, and culturally sensitive to Black/African Americans must become visible among these communities utilizing an aggressive media campaign for TV, radio, newspapers, billboards, pamphlets, church, civic and social organizations. In addition to group discussions on high blood pressure, and support groups for diagnosed individuals

- Screening facilities must provide ongoing early detection programs targeting the Black population who are predisposed to heart disease. Facilities must be accessible 7 days per week with hours flexible to the population's work schedule. Locations must be accessible, and staff must provide culturally sensitive counseling, testing, and recommendations for dietary and behavioral change values and norms established by the Black community that is identified as safe quality health.

- Create early intervention, age appropriate prevention programs that involves the entire family. Communications about these culturally appropriate programs should be updated often, and made available to the Black population on a regular base such as through the suggested aggressive media campaign. Lifestyle message must encourage Blacks to participate in activities that are culturally appropriate. Major efforts should be directed toward creating a safe community with readily accessible facilities and physical workout centers, such as the Mt. Zion Baptist Church Health and Fitness center, the New Hope Baptist Church Family Life Center, and programs such as *Body and Soul*

- Low-income and underserved must receive screening and education on a priority bases

- Culturally appropriate treatment options should be discussed with ALL newly diagnosed persons

- Special outreach emphasis must be given to the Black/African American population that are over weight, family and medical history of heart disease, low income, and those living in isolated areas within the County by establishing partnerships with agencies that provide services targeting risk-factors associated with heart disease.

Recommendation # 5

Develop an educational structure to empower and advocate for health consumers specifically targeting educational issues negatively impacting Black/African Americans.

Strategies:

1. Develop an Afrocentric Healthy Lifestyle Curriculum that includes:
   - A core cultural message created by Black role models
   - Utilize principals of behavior modification to encourage change
   - Identify appropriate vehicles for regional dissemination/ dissemination format (such as a countywide media campaign)
   - Incorporate concepts that would improve communication flow between physician/provider and patient
   - Empower consumers regarding standards of care
     - Develop a train the trainer model to teach standards of care concepts and practices
     - Identify institutions to become major stakeholders in implementing this curriculum
     - Disseminate information by direct tailored mailing, hard copy/electronic resource directory, electronic information systems, 800 information phone numbers
   - Implement Model Programs (Ex: *Body and Soul*, Gimm-me-5, Role-of-men, health navigators)

2. Develop a culturally appropriate coordinate school-based health education curriculum to advance the health behaviors of future generations focused on these issues:
   - Healthy diets – promoting eating to live, not living to eat
   - Fitness-related exercise
   - Commitment to a healthy lifestyle
   - Developing healthy relationships
   - HIV/AIDS prevention and treatment

3. Develop a culturally appropriate faith-based health education curriculum to teach dignity, self-respect, principled-based concepts based on good character and moral ethics (traditional spiritual values of the Black/African American culture) to advance an effective health education programs in all places of worship within San Bernardino County.

4. Develop a Health Education Prevention Focused Infrastructure
    - Hire experts in prevention strategies (preferably regional individuals)
    - Staff must model a healthy/balanced lifestyle
    - Staff must be dedicated, accountable and people centered
    - Create a countywide network of Black health and fitness advocates that collaborate with schools, churches, government, non-government, private & public agencies

5. Utilize multiple alternatives for consumers to receive appropriate information about prevention strategies
    - Report cards (disseminate to providers & consumers, etc)
    - Maintain a network of appropriate healthcare provider options and linkages
    - Health teach-in
    - 24 Hr. Hotlines
    - Health expos
    - Home healthcare
    - Nurse guiles
    - Parish nurses
    - Waiting room health education spots
    - Community advocates/health navigators
    - Culture activities
    - Affirming outreach
    - Ongoing prevention programs at favorite locations of Blacks
    - Medical referrals

6. Develop Advocacy Committee based on a bottom-up approach to positively influence policy makers

7. Create countywide public information campaign with a focus on prevention and self-responsibility

Rationale: Social factors such as education, employment, public, access, and other factors outside the traditional health arenas, might have a significant impact on health outcomes outside the traditional arena (McGinnis & Lee, 1995). Change strategies with Blacks require an integration of personal responsibility and advocacy for social systems change, with self-help community-based coalition partnerships and organizations to build community infrastructure for improving quality of life and health (Neighbors et al., 1995).

Targeted to address recommendation: San Bernardino school system, Department of Public Health, religious organizations, Black residents, businesses, professional organizations

Recommendation # 6

Move people toward making choices to take action for <u>individual behavior changes</u> that reflect healthy lifestyles

This recommendation is the most challenging. The strategic plan work group felt this recommendation takes careful development and additional information from Black residents. It is critical to bring together residents, professionals, and ethnologist to discuss the complexity of the Black American culture, and devise a viable regional plan of action that will work in San Bernardino County.

<u>Strategies</u>

- Identify from among Blacks why health and health-seeking behaviors are perpetuated
- Have a mechanism to help the individual to identify what those behaviors are and how to deal with them
- Educate the community about risk, prevalence and prevention of stated health conditions
- Create a meaningful reinforcement and referral system
- Identify high risk behaviors and make recommendations to change; Increase knowledge about lowering risk
- Identify what individual decisions that will result into behavior change
- Change the mentality of assisted suicide (What we know we do not do. We participate in our own suicide)
- Strengthen and reinforce internal locust of control (LOC) - Self-efficacy
- Promote historical African American values: self-respect, strong family, excellent health
- Encourage spiritual values, get in touch with the inner person for motivation and movement toward change
- Provide guidance to decrease status role conflicts
- Role modeling/mentoring/facilitator/navigator
- Identify multiple healthy options
- Develop an environmental change to enhance positive balanced individual choices and positive attitudes towards health
- Establish recommendations for effective change model among Black Americans
- Facilitate the process for internalization to empower people to make personal health choices
- Develop strategies to improve communication between physician/provider and Black/African American patient

<u>Rationale:</u> Evidence suggests that health promotion interventions based on social ecological models are the most effective manner to facilitate lasting improvements in health (Breslow, 1996; Glanz et al., 1995; Stokols, 1996). Social ecological generally refers to the interaction between person and environment. Core aspects of a social ecological framework are: (1) environmental settings that influence health outcomes, (2) personal attributes that influence health, (3) the dynamic relationship between people and their environment, (4) multiple domains of human activity (such as one' neighborhood, surrounding community, workplace, school, and one's residence), and (5) interdisciplinary influence of organizations (Stokols, 2000).

<u>Targeted to address recommendation:</u> Individual Black residents, religious organizations, Department of Health, school system, and healthcare providers

Recommendation # 7

Encourage, support, and provide leadership in Afrocentric research with appropriate outcome-based evaluation

Strategies:

- Identify and create a master list of all related researchers in the county and stratify by specialty
- Identify format for community-based research to be conducted in the Black community (include community in establishing the protocol)
- Identify assumptions underlying research
- Increase the number of African Americans/ Blacks in research studies
- Identify published/ unpublished research already done related to the Black population
- Encourage sharing interdisciplinary research journal
- Increase African American/ Blacks involvement in research
- Research to establish standards of care that is gender, racial, biologically & ethnically appropriate
- Aggressive agenda for dissemination of research information
- When agencies receive money, share information with Black/African American population, and include the Black/African American population in research from the beginning including identifying the type of grant, writing the grant, shared coordination, implementation, and evaluation
- Develop appropriate Afrocentric research tools and evaluation instruments
- Create centers with multi-item evaluation resources, information, and human expertise for consultation
- Establish and maintain an effective evaluation infrastructure to tract and measure evidence-based prevention outcomes
- Work with national and state organization to encourage Black participation in community and clinical research

Rationale: According to the National Institutes of Health (NIH), minorities continue to be underrepresented in research. NIH data on enrollment in extramural research in 2000 demonstrated that male and female non-Hispanic Blacks were similar to other minorities in terms of low participation rates (African Americans, 11.3%; Hispanic Americans, 7.9%; Asian Americans, 11.4%; Native Americans, 0.9%) compared with male and female non-Hispanic Whites (62.4%) [Pinn et al., 2002]. An aggressive effort is needed to develop Black/African American researchers and to create the environment for culturally appropriate interaction with the target population to investigate issues and make more appropriate ethnic recommendations.

Targeted to address recommendation: Academic institutions, Black researchers, High School/College/University Black students

Recommendation # 8

Improve economics within the Black community to create the ability for individuals and families to acquire quality health and healthcare products and services within San Bernardino County that will improve and sustain positive health status

- Create an environment for healthy living by increasing the economic base of the Black family. The data indicates that Blacks are educated (89.5% educated beyond the 12th grade), but they do not make adequate income (69% has an annual household income of less than $39,999).

- Partner with county agencies (such as the Economic Development Agency (EDA), Public Housing Agency, Employment Development Department (EDD), Job and Employment Service Department (JESD) and public officials to facilitate understanding of health and healthcare issues impacting the Black/African Americans and to work collaboratively to resolve issues and empower the people.

- Collaborate, network, and form strategic alliances with the business community on a continual basis to provide monetary and technical support to AAHI for projects, activities and programs created and sustained in the Black community that will provide gainful employment for local residents.

- Establish company based prevention programs to assist Black employees with their health and healthcare which will improve job retention, keep families intact, decrease stress due to illness care, keep individuals working, improves community stability, and lower illness care cost. Company based prevention focus will increase the likelihood of regular health check-ups, periodic screening, improve job performance and decrease stress related illnesses.

- Create community-based organizational advisory groups to provide mentoring, develop neighborhood, community, regional health related economic development plans to assess and monitor the economic environment to sustain economic resources within the Black communities. Develop health and wealth resource centers to train, mentor and nurture the youth towards developing a strong economic base. This early intervention tactic has the potential to inspire vision, hope, and self sufficiency. Improved self-esteem, positively impacts self-control, decreases stress, and has the potential to decrease violence.

- Develop ways to create wealth and provide financial education (county-wide & region specific), counseling and technical assistance to Blacks to insure financial success and good health. Institute an annual economic development summit, targeting the Black community. Introduce programs that connect health and economics. Form a venture capital foundation to fund scholarship for businesses and education in the healthcare industry.

Recommendation # 9

Provide credible information, resources, and guidance in natural remedies and complementary medicine

As a people many Black Americans continue to use "home" remedies (natural products) for health related problems. Nearly 44% of our resident questionnaire respondents agreed that if their licensed medical doctor could not cure them they would seek alternative medical care. An 18 year old focus group participant stated, "When I cannot get the help I need for me or my baby, I call my grandma. She tells me those old remedies. They work and they are free. Food, teas and other stuff I have right here at home." One public forum participant suggested, "You all should have included more information on foods and natural remedies, hat really help people with these diseases." Even though some Blacks use "natural remedies," three fourth (59.9%) of our respondents indicated they use an MD for routine care.

Toward a Definition of Complementary and Alternative Medicine by Clabe Hangan

- *Conventional Medicine:* Conventional medicine is the dominant or orthodox medical system in the United States. Conventional medicine is the sanctioned, accepted, highest for of medical science that is credible in the social, economic, insurance and political arena. The focus is on technology not individualized health care; doctor centered. Allopathic practices are supporting treatment modalities and "materia medica" include the highest technology, invasive use of surgical implements and the use of synthetic substances (pharmaceuticals) generated by group research.

  Source: MacIntosh, Anna (Ph.D., N.D.). Understanding the difference between conventional, alternative, complementary, innovative and natural medicine. *Townsend Letter for Doctors and Patients,* 1999(July), pp. 1-6.

- *Alternative Medicine:* Alternative medicine may be seen as all other forms of treatment "which do not fit into the conventional mode." Alternative medicine utilizes natural products such as herbs, diet, hypnosis, exercise forms of natural energy in its non-invasive treatment protocol. It includes tradition medicines and complete systems of medicine such a Ayurveda, osteopathy (bone science), homeopathy, Chinese medicines, and a plethora of treatment forms. Traditional medicine precedes conventional medicine by thousands of years. Conventional medicine has borrowed much of its materials from traditional medicine but has synthesized and patented that material. Alternative medicine is patient centered.

  Source: Shealy, Norman C. (M.D., Ph.D.). 1996. *The complete family guide to alternative medicine*. Rockport, Massachusetts: Element Books Limited.

- *Natural Products:* Any substance like foods, juices, teas, mind/body herbs and supplements which have not been synthesized, patented or altered, and used a part of a natural treatment process are considered natural products. Natural products include a broad and wide range of sources, for example massage, reflexology, bone setting and body balancing. Underlying principles for both alternative and traditional medicine are:

    1. The body has the ability to heal itself.
    2. Healing is related to a harmony of mind, body and spirit.
    3. Healing practices are individualized.
    4. Clients are responsible for their own healing.
    5. Regardless of the type or level of cure their relationship with their healer as partner, friend or leader is critical.

- *Complementary Medicine:* The National Institute of Health (NIH) Office of Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine. Complementary is not a complete system of medicine in, and of itself but only represents an action or partnering model or care; a complement or completion of another already established form or system not of its own volition or in its own right. The National Center for Complementary and Alternative Medicine (NCCAM) was established in October 1998. The main purpose of CAM is to conduct and support basic and applied research, training, and other programs with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic, and prevention modalities, disciplines and systems."

  Source: National Center for Complementary and Alternative Medicine, accessed November 24, 2004 from http://nccam.nih.gov

Toward Culturally Appropriate and Culturally Competent Healthcare: Alternative versus Conventional Care

A wide health disparity exits in the Black community not only because of their ability to receive appropriate healthcare in the current system, but more importantly because there is a limited not realizing that they have an alternative medicine tradition of their own. This tradition predates America's earliest beginning and has survived in the family and community networks as a viable alternative healthcare option. Research conducted by Dr. Eric Bailey (2002) was implemented as a medical treatment therapy with cultural sensitivity. He analyzed the cultural perceptions which existed in the community about five major health conditions among Blacks (hypertension, cancer, diabetes mellitus, stroke, and mental illness). African Americans are three time more likely to use alternative medicines than their counter parts. Some of the natural remedies included Garlic, aloe vera juice, teas, vinegar and honey cloves, capsules, etc. (Bailey, 2002, p. 91). Dr. Bailey analyzed the cultural reasons why African Americans chose alternative medicine over conventional medicine for treating their high blood pressure.

Dr. Bailey's findings regarding cultural reasons why African Americans choose alternative medicine:

1). Their attempt to cope with their high blood pressure within the context of their own resources and social environment.

2). Their belief that the alternative practitioner had some control over the forces which caused anomalies in a person's life, whereas, the mainstream practitioner cannot heal certain cases of illness and misfortune.

3). Lower monetary expenses associated with such treatments.

4). Many continue it along with prescribed medicine because of the inability of some patients to participate actively in the discussion of their illness.

Source: Bailey, Eric J. 2002. *African American alternative medicine: Using alternative medicine to prevent and control chronic diseases.* Westport, Connecticut: Bergin & Garvey.

Conclusion

Because of the limited scope of this segment of the study, we were unable to offer but a glimpse into the potential success of alternative medicine practiced with cultural sensitive in erasing the disparity of appropriate health caring for African Americans. This writer sees the greatest disparity for all citizens subject to medical care in this country is lack of and increasing cost of healthcare. It would seem to this writer alternative health care would be the best way to prevent disease in the first place and the best way to treat and eliminate it once for all. It is inexpensive and incredibly efficacious. We strongly suggest Blacks have a clear understanding of "natural remedies." There is a great deal of information available. The strategic plan work group recommends the development of a compendium that would provide credible information, appropriate cautions, a directory of responsible practitioners, and referrals. We suggest the development of the following:

- A Professional and Personal Resource Guide to Natural Remedies for Blacks of African Descent
- Local Sources of Credible Information on Natural Remedies
- Local Directory of Alternative Practitioners
- Directory of National Resources on Alternative Medical Practices

Health System Change

We are also recommending a process systems model, (see Figure 1 of this section), for health system change. This is an open system that allows input from the public regarding their interest and needs. It is also a schematic design operationalized to find solutions. We have operationalized our model (see Table 2 this section), and graphically portrayed where data fits with sequences and patterns of interactions. This model provides a guideline to improve the healthcare delivery system. Our model can be adjusted to any population of people. This social environmental model requires inputs from all those affected by the problems.

Inputs: Includes all available data from the targeted people, community organizations, state and national organizations about the problem(s).

Conversion: Information in **Phase I** will impact the process to bring about change. This includes the task, people, structure to be effected, available technology to bring change and to be utilized in the changed system. **Phase II** is the implementation process which depends on the health systems under change. The mode of implementation is determined by how fiscal resources are received into the system. There is always overlapping of financial systems, so more than one of the modes of implementation may be chosen at given points in the process.

Outcome: Results are determined by targeted outputs, impact of output on the system, and the effectiveness of the desired outcome. These activities are measured by short term (1-2years), intermediate (3-5 years), or long term (6-10 years) outcomes. Specific goals should focus primarily on the client, and secondarily on the organization.

Feedback: The expected progress is evaluated continually by specific evaluation criteria and established standards according to the prevailing science. The evaluation data becomes input for adjusting the process and defining directions to accomplish the expected goals.

Word!

Specific suggestions for health system change as identified by respondents in this study:

- Need health facilities in the community
- More caring/sensitive physicians
- More community resources for health
- Better insurance options/affordable
- More education/awareness/information
- More Black providers
- More cultural respect and approaches
- Physicians to spend more time with patient
- Health advertisement
- Better care for the poor and general population
- Improve the waiting time – too long
- Cost too high, lower cost

Figure 1. A Health System Structural Change Model

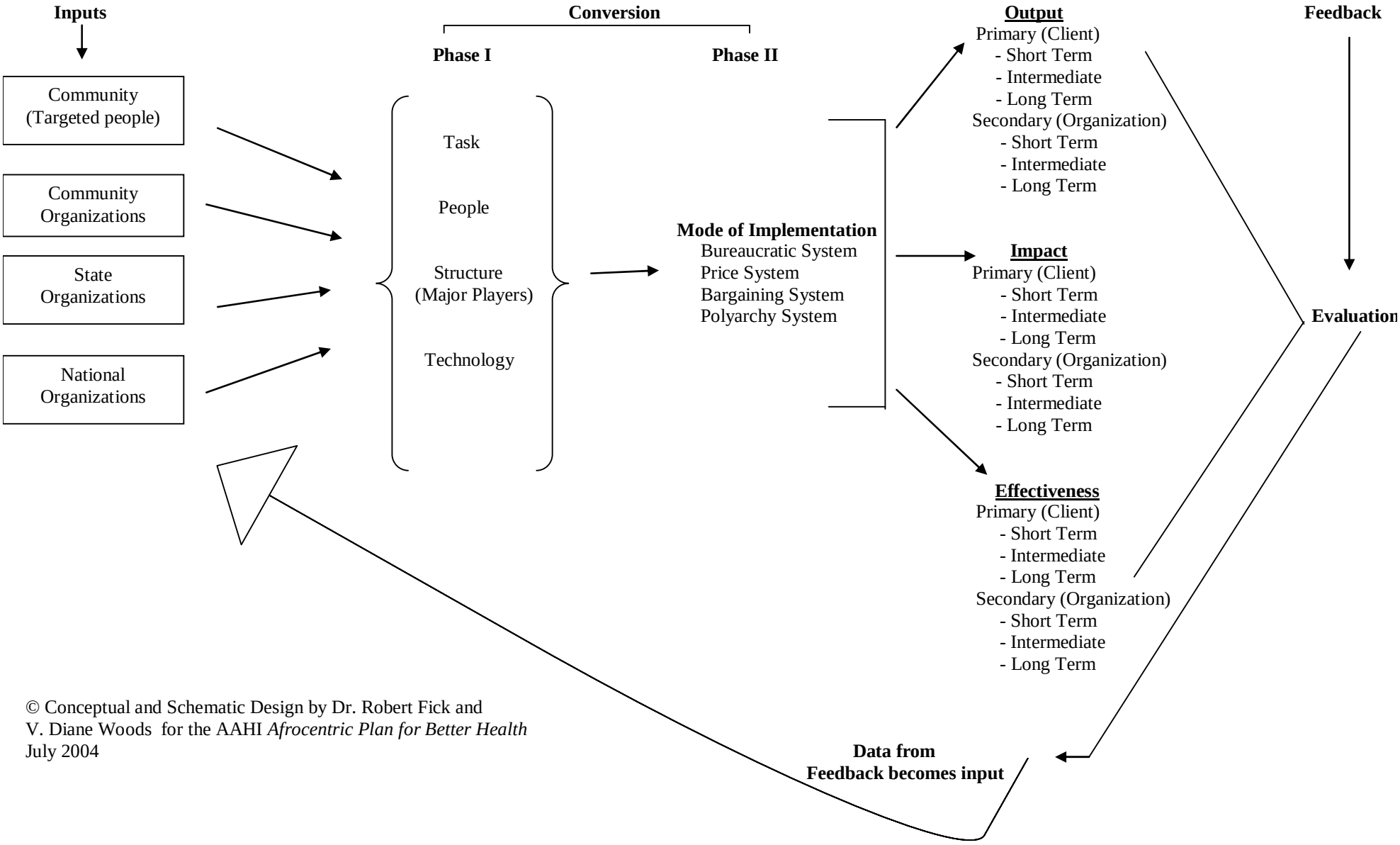


Table 1. Operationalized Health System Structural Change Model

Inputs	Conversion		Outputs/ Impact/Effectiveness	Evaluation
	Phase I	**Phase II**		
Community Level Organizations 1. Health Dept. 2. Physicians -Individual -Group 3. Professional -ACS -AHA -ALA -HIV/AIDS -All Black Orgs. 4. CBOs 5. Hospitals -Public -Private -Clinics 6. Others	**Task** Primary: Goals of Clients Secondary: Organizational Goals **People** - Targeted Clients - Public Health Policy Makers - Medical Staff - AAHI Staff - Health Professional **Structure – Major Players** - Public Health - HMOs - CBOs - Hospitals - AAHI **Technology** -Communication mechanism - Levels of technology education - Technology equipment	**Modes of Implementation** [Choose one] Bureaucracy [Traditional System] Price System [Contract] Bargaining [Negotiation] Polyarchy [Collaboration with accountability]	**Measurable goals and objectives** - Primary goals are client centered - Secondary goals are organizational - Short term goals = 1 - 2 years - Intermediate goals = 3 – 5 years - Long term goals = 6 – 10 years	Evaluation criteria Tracking/ monitoring systems Epidemiological data Patient satisfaction data Community health status indicators Social health status indicators Organizational performance standards National standards of care
Entropic Functions	**Entropic Functions**	**Entropic Functions**	**Entropic Functions**	**Entropic Functions**
Fall out	**Fall out**	**Fall out**	**Fall out**	**Fall out**

Section IV. Call to Action

Due to the fact that the recommendations go beyond the mandate of any existing agency we recommend the creation of a countywide coordinating body that will bring together all stakeholders in order to ensure effective implementation **(Phase II)**. Currently, the AAHI clearly qualifies for this role since it has successfully completed this countywide health planning project. It has the experience, capacity and a burning desire to see to it that all recommendations are adequately implemented. AAHI has also established crucial linkages within the community and among key health and healthcare providers serving the Black population. Clear indications of the success of our health planning project is the fact that we were successful in bringing together a variety of professionals, healthcare providers and community residents to the table. We not only came to the table, but we worked hard, and produced the expected outcome. These are components that are not only necessary, but critical to the success of the next step. The right people must be engaged and remain committed to the end results are obtained.

Because of the enormity of the health planning project, we were limited by time, fiscal resources, and infrastructure (one FTE, one PTE, volunteers) to implement our recommendations under the current conditions. Based on our findings, it is critical to establish a strong infrastructure. This infrastructure must be composed of Black leaders and community representatives that have commitment, passion, determination, and personal investment in the health and well-being of the target population.

We have aroused and mobilized Blacks in this County as a result we received overwhelming support and active participation in the health planning process. We need financial support to continue this productive effort, establish strong infrastructure, develop and implement this proposal. This active participation by Blacks is affirming that this group of people cares about their health, healthcare and the health delivery system. Non–professional residents and professionals, public officials and Black community leaders, and others from different ethnic and SES levels labored for long hours to understand the issues and make viable recommendations for improved health and healthcare service delivery. This is not a case of blaming. Results reflect a long history of perceptions of disconnect on many sides. We are not blaming the system. Many respondents discussed their experiences rooted in reimbursement issues, and providers not working well with Blacks. Blacks prefer one-on-one encounters and personalized care. Eighty-two (82) individuals participated in the strategic planning group meetings. For four months an average of 25 people met 4 hours every Thursday morning to painstakingly work out the details of this *Afrocentric Plan for Better Health*.

We are convinced that with appreciable changes in the County health system with a shift toward establishing a first-rate prevention system, the Black population's health status has the potential to dramatically improve. In fact, we believe the health landscape of the entire County among all people groups will significantly improve for the better. We believe it is ethically wrong when in the face of strong empirical evidence not to act and do the "right thing" for communitarian efforts. There is a desperate need to develop a consumer driven system of accountability for people to receive quality care. It is morally wrong for humans to continue to die prematurely, suffer from crippling, debilitating chronic health conditions such as the situation with Blacks, and other minorities and disadvantaged populations when no emergency action is taken to reverse such devastating conditions.

The AAHI is the only group positioned to coordinate efforts needed to create and sustain a major community-based prevention health system targeting lifestyle preventable health conditions. There is no other County group who can successfully bring about the implementation of these recommendations. AAHI organized as an independent agent of Black organizational partners is the only County-based organization that has the ability to direct, coordinate, plan, implement and evaluate such a wide scale health system structural change effort with passion, dedication, and more importantly a proven tract record.

To be successful, major funds need to be appropriated and reallocated to systematically, and strategically accomplish the following call to action. Assistance is needed from government and non-governmental sources. Without the original grant from the California Endowment Foundation, we would not have been able to identify what "real life" issues actually contribute to the large health disparity gap among the local population. We employ you to assist us in bringing about the right changes in our County to decrease the burden of disease and death among the Black population. We desire our efforts to be funded as a demonstration project to activate our proposed plan for major health system changes. We strongly believe our plan works and will help not only Blacks, but Latinos, Native Americans, and other disadvantaged people.

- We need additional funds to create a competent countywide, community-based health collaborative infrastructure to provide culturally appropriate outreach, prevention/treatment efforts, provide education and leadership training, policy development and advocacy, and population-based research among Blacks.

- Given the immense problem and laborious task, we need time and additional fiscal resources to develop our recommendations.

- We need additional funds to conduct a countywide demonstration project to test our Health Systems Structural Change Model

- We need to implement case studies to investigate more in-depth the issues posed in our recommendations especially the low response from service delivery providers

- We need additional funds to institute a multi-year countywide longitudinal study to measure the impact of our proposed culturally competent Afrocentric Education System to change personal behaviors among Black/African Americans, and to create culturally appropriate health education family resource centers and health facility based on an interactive social model of collaboration

- In addition, there is a need to develop an accountability system that is community driven, consumer focused, and outcomes based that holds those who provide healthcare accountable for quality care and health services delivered. This health advocacy group will be respected as a resource organization with credible evidenced-based information about the Black population, and these resources and information would be readily available to the community.

We have already begun to meet and discuss with community, academic, business, religious, and health professionals about future collaborative relationships, and the creation of Phase II: Implementation. We wish to continue these relationships and motivation. Our model is interactive and operational, a public interest social systems model that fits the needs of people. We have established a credible presence throughout the County. People call us for information regarding the Black population. We receive

request to collaborate on research projects. We currently have entertained six (6) requests for future collaboration. We have been invited to speak locally, as well as on the state and national level to share our preliminary findings and explain our planning process. Many are interested in how we got this project to "work." Several graduate and doctoral students from the University of California at Davis, University of California at San Bernardino, and Loma Linda University have requested to use our data for additional secondary data analysis. We have a high degree of momentum and we desire to continue our efforts.

Future Plans

Major Projected Accomplishments for:

Year 1

- Create an independent organization of collaboratives
- Hire full-time staff and develop countywide infrastructure
- Implement a $50,000 capacity building grant from the California Endowment
- Partner with Loma Linda University, California State University at San Bernardino, Inland Empire Concerned African American Churches, Victor Valley and Inland Empire African American Chamber of Commerce, Department of Health, Department of Education and others in a multi-year, multi-million dollar grant to implement recommendations of this plan
- Establish community-based committees to began development of recommendations
- Continue the development of a foundation that will create a plan for continual fund raising
- Create a community-based medical provider grand rounds for cultural competency in prevention care among Blacks
- Convene a countywide health system change team, to develop a plan of action to create a County prevention health system targeting lifestyle preventable chronic diseases

Year 2

- Develop the Prevention Education System Model and begin implementation
- Develop community-based personal behavior change strategies
- Begin development of Family Resource Centers for Cultural Excellence

Year 5

- Organizational sustainability
- Evaluate health status change among Blacks

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A more extensive annotated bibliography is online at www.aahi.info

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